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AV 1221 BEICH AVE.	isin sale.		
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IMPORTANT: If Item 21 is marked ar Item 18 shaws any

STATE OF MARYLAND DEPARTMENT OF BEALTH AND MENTAL BYCIENE

1	- STATE REGISTRAR			DEI ARTH	CERTIF	ICATE OF	DEATH	REG. N	0.				
	CEASED NAME	FIRST	M	IDDLE	1	AST		20. DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR	
1		UDREY		M.	ODE	ENSOS			01	14	82	900 AM	
3. SE	X	4.	RACE	STATE OF	5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UN!	DER I YEAR	IF UNDER 24 HRS	
I	FEMALE	10.00	WHIT	re .	8 8	26	18	63	YRS		DAYS	HOURS MIN.	
o B	IRTHPLACE (STATE OR F	OREIGN 76		VHAT COUNTRY?	8 ** A P.D.I.S.	NEVER	AA A DDIED	9. BALTIMORE CITY C	R COUN	TY OF D	EATH		
	Maryland		U.S.	Α.	WIDOWE		21-22-102-202-202-202-202-202-202-202-20				UNTY		
10 C	ITY OR TOWN OF DEA	TH 11		OSPITAL, NURSIN		R OTHER INS	TITUTION	120. USUAL OCCUPATION OF COMMON TO THE OF WORK FOR MOST COMMON TO THE PROPERTY OF THE PROPERTY	ION	12	KINDO	F BUSINESS OR	
P	RBUTUS			KNECHT A		2		Office Wo	rk	Aut	o G1	ass	
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		BALTI		ARBUTU		YES [NO X	1667 KNEC	TH AT	/ENU	E		
14. F	FATHER'S NAME		DDLE LAST			15 MOTHER'S MAIDEN NA							
	Joseph	W.		Betz	Sr.		Nannie	WIDDLE			Mil		
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECUI	RITY NO.	17 INFORMA	ANT	ADDRI	ESS			21227	
	NO	(IF TES, GIVE W	AR OR DATES	219-16-3	3409	Willia	am Oden	sos, Jr. 16	67 K	nech			
	PART I DEATH W Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	which mediate g the	DUE TO, OR	AS A CONSEQUE	NCE OF	eal ci	CARCI	METASTA	sis		BETWEEN	MATE INTERVAL ONSET AND DEATH	
NOI	PART 2 OTHER SIGN	NIFICANT COM	nditions <u>co</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN	PART 10	1	
CERTIFICATION	190. DATE OF OPERA	NON	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? YES NO	IN CER	TIFYING YES	CAUSES	OF DEATH?	
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	216. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PARTIC	DR PART 21		
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE	21e. PLACE C	DF INJURY ET, FACTORY OFFICE FA	ARM, ETC)	21f LOCATR		CITY OR TO	WN	C	OUNTY	STATE	
	220.1 certify that (1) saw the decease above, (1) (we) (c	ed olue on	Dec	19 8	Dec / on	ed that in (my)		death occurred on the de	ote and h	. 19 our ond		that (I) (we) last causes stated	
	226 SIGNATURE		. 1			DEGREE					2c. DATE	SIGNED	

HAMMOND, M.D.

22e ADDRESS

ATTENDING PHYSICIAN

23d. LOCATION
CITY OF TOWN
ELKRIDGE 23c. NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL Buria1 1/18/82 24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

21229

HOWARD MEADOWRIDGE MEM. PK.

DHMH - 16 50M 1/81 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE

- F - S			
		1/22/10	
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Witzke Catonsville Funeral Home, P.A.

21228

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRA DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRA DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRA DEPARTMENT OF HEALTH AND MENTAL HYGIENS MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRA DEPARTMENT OF HEALTH AND MENTAL HYGIENS DEAD MENTAL HYGIENS DEPARTMENT OF HEALTH AND MENTAL HYGIENS DEAD MENTAL HYGIENS DEPARTMENT OF HEALTH AND MENTAL HYGIENS DEAD MENTAL HYGIENS DEPARTMENT OF HEALTH AND MENTAL HYGIENS DEAD MENTAL HYGIENS DEPARTMENT OF HEALTH AND MENTAL HYGIENS DEAD MENTAL HYGIENS DEPARTMENT OF HEALTH AND MENTAL HYGIENS DEAD MENTAL HYGIENS DEPARTMENT OF HEALTH AND MENTAL HYG
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN PONTH DAY YES OF ESTA
3. SEX 4. RACE S. DATE OF BIRTH WORTH
10 BIRTHPLACE (STATE OR FOREIGN COUNTY) 10 DEATH OREON COUNTY OF DEATH ORE OF MORE OF THE RISTITUTION OF DEATH OR OF THE RISTITUTION OF DEATH OR OF THE RISTITUTION OF DEATH OR OF THE RISTITUTION OF OR RISTITUTION OR ESIDENCE (F IN NUBSING HOME OR OTHER MISTITUTION, ONE RISTITUTION, ONE
TOWSON II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION GBMC 6701 N. CHARLES ST. USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III. STATE III. COUNTY III. CHY OR TOWN OF DEATH III. CHY OR TOWN OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III. CHY OR TOWN OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III. CHY OR TOWN OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III. CHY OR TOWN OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III. MSIDE (III LIMITS? MAIDEN NAME FIRST III. MOTHER'S MAIDEN NAME FIRST III. INFORMANT ADDRESS OR MODIE III. INFORMANT ADDRESS OR MODIE III. INFORMANT ADDRESS OR MODIE OR MODIE OR MODIE OR NOD OR INDI OR
136. STATE 137. COUNTY TOWN IN TOWN IN THE STATE OF THE NOTION OF THE RESIDITION OF THE STATE OF
THOMAS C. O ROURKE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, ON UNINNOWN) 18 CAUSE OF DEATH (Enter only one couse per him for fall (b), and fa
18. CAUSE OF DEATH (Enter only one couse per limit of the Lib), and the PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 18. CAUSE OF DEATH (Enter only one couse per limit of the Lib), and the PART 1 (b). DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 20. AUTOP YES CONTRIBUTION 1996 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21. AUTOP YES CONTRIBUTION 21. AUTOP YES
18. CAUSE OF DEATH (Enter only one couse per limit for the limit of th
190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOP YES 1
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UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
TO UNDERTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY
270. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry, and in my opinion death resulted from Natural causes Accident, Suicide, Hamicide Undetermined manner, ACTUAL MEDICAL EXAMINER DATE SIGNED SIGN

The second of the line of THE THE REPORT OF THE PARTY OF STORES HOLES OF THE STORES OF injury, or other troumatic event, th

marked or Item 18 shows ony

MPORTANT: If Hem 21 is

STATE OF MARYLAND

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REG. NO.					

1 - STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.		-3	
1. DECEASED NAME	FIRST	,	AIDDLE	Į.	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
(Contract)	John	M	. 0	stern	naier		1	26	82	3:55P.M
3. SEX		RACE		5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY)		ERIYEAR	IF UNDER 24 HRS
Male		Whit	e	Nove	mber 14,1901	80	YRS	MONTHS	DAYS	HOURS MIN.
OUNTRY	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF D	EATH	77-17-31
Maryland	1	U.S.	A.	WIDOWE		Baltimor	e Co	unty		MD
10 CITY OR TOWN OF Towson	DEATH				dical Center	17a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Owner		LIFE) IN	DUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF) 13a. STATE Maryland	13b. COUN		GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN TOWSON		13d. INSIDE CITY LIMITS? YESNO 🟝	13e. STREET ADDRESS 617 Cover	ntry	Road		
14 FATHER'S NAME Frank	A	HODLE	Ostermaie	c	15. MOTHER'S MAIDEN NAM	ME		un	know	'n
160. WAS DECEASED EN		AED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS			
No	(IF TES, GIVE	WAR OR DATES	218-32-33	390	Mrs. A. Loui	se Osterma:	ler	617	Cove	ntry Rd.
	HIMAE CALLERY	DV	line for (a), (b), and		cytic leukemi	a			APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
204/ Conditions, if			R AS A CONSEQUE							
gove rise to couse (a), st	immediate	DUE TO, OI	R AS A CONSEQUE	NCE OF						
	SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION C	SIVEN IN	PART 10)
NO	Pneumor	ni a								
NO 190. DATE OF OPE			TION FOR WHICH C	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CER			GS USED OF DEATH?
OA COLUMNICATION		HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE			-	R PART 2)	
(IF EITHER NOTIFY) 21d. INJURY OCC	URRED	21e. PLACE		-	21f. LOCATION STREET	CITY OR TO	OWN	C	OUNTY	STATE

21d. INJURY OCCURRED NOT WHILE

sow the deceased alive an

Burial

21f. LOCATION

726 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

22a.1 certify that (I) (this haspital) attended the deceased from

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

view the body ofter death

ATTENDING PHYSICIAN 22e. ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN 1-27-82

21204

22c. DATE SIGNED

Ronald L. Sirota, M.D. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

236. DATE

6701 N. Charles St. Towson, MD 23¢ NAME OF CEMETERY OR CREMATORY Dulaney Valley

DEGREE

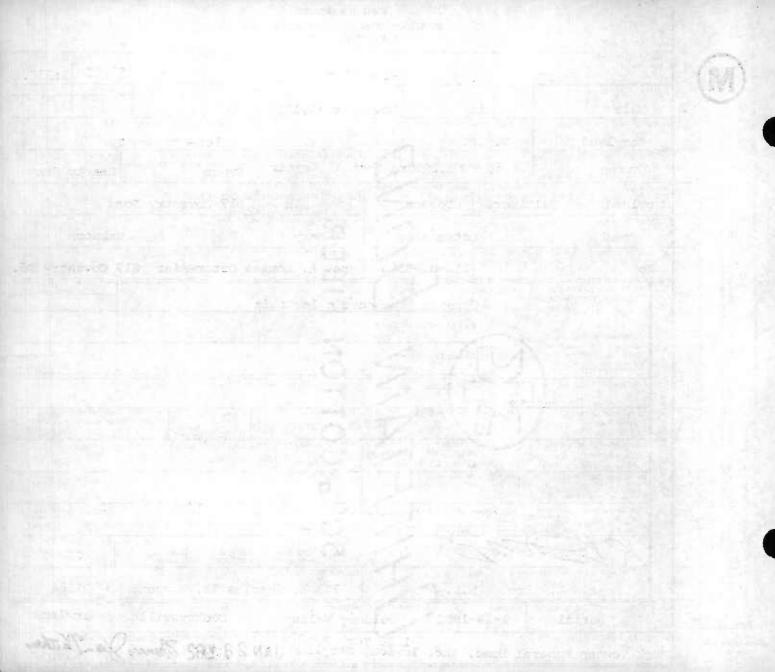
23d LOCATION Cockeysville COUNTY Maryland

24. FUNERAL DIRECTOR

1-29-1982 1050 York Road 250 DATE REC'D. BY REGISTRAR 154 REGISTRAR TOWSON, Maryland JAN 28 1982 Junes Ruck Towson Funeral Home, Inc.

DHMH-16 30M 2/80 (VRA 15, 4)

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injury, or ather troumotic event, the

MPORTANT: If Item 21 is marked or Item 18 shows ony

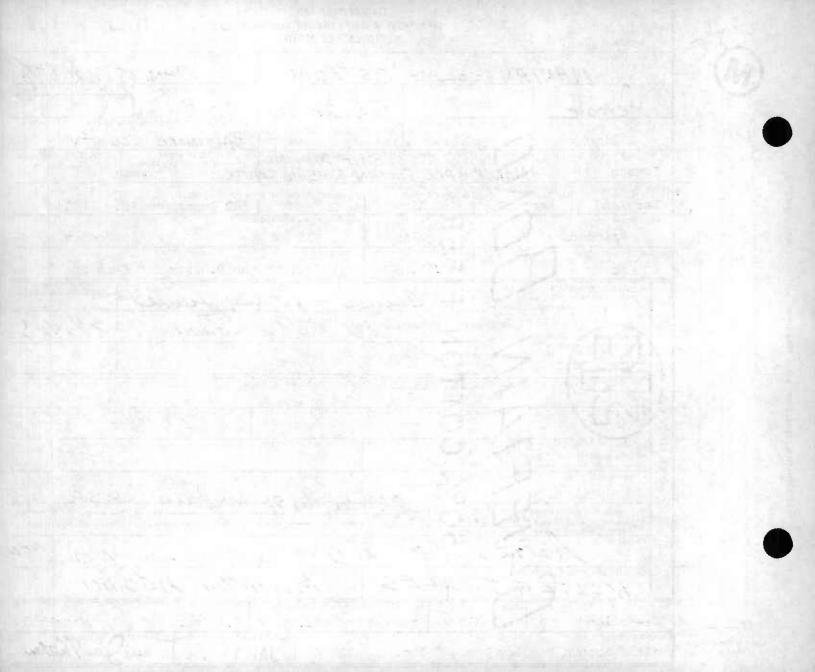
ST	ATE	0F	M	ARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

i	1-	FOR STATE REGISTRAR		DEPARTI		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2 REG. NO	0 (0 5 (3 /
		CEASED NAME FIRST	0 2	AIDDLE	ALIC	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	TYPE	OR PRINT) MARI	AN MC	Laughlin	0	STROM	JA	7N1. 15	1982	8 4%
	3. SE>		1. RACE	-uug	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	(HDAY) IF L	UNDER I YEAR IF	UNDER 24 HRS
H		temale	Wh	ite	MONT	1 01 10 -	58	MON	VIHS. DAYS HO	DURS MIN.
	7a. BIF	RTHPLACE ISTATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O	R COUNTY OF	FDEATH	
1		Illinois		S.A.		D X NEVER MARRIED	BALTIMAN	E Ca	untu	
-	10. CT	TY OR TOWN OF DEATH			WIDOW IG HOME	DIVORCED DIVORCED DIVORCED	12a. USUAL OCCUPATION	ON T	12b. KIND OF BU	ISINESS OR
2	T	owson	MANOR	CARET	owso		TTEL		INDUSTRY	7311 1E 33 OK
1	13a. S	AL RESIDENCE (IF NURSING HOME OF ATATE 131. COUR aryland Hai		I30. CITY OR TOW Bel Ai:	'N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 102 Duncan	inon Rd	. 2101	4
1	14. FA	THER'S NAME FIRST Ericsson	MIDDLE F.	McLaugh1	in	15. MOTHER'S MAIDEN NAME Elinor	AE MIDDLE		Foster	
-2-		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS		
2	{Y	res, no or unknown) (if yes, giv	VE WAR OR DATES)	007.22.	8828	Col. Ret. Tho	mas R. Ostr	om Sa	ame as	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT ((b) DUE TO, OI	R AS A CONSEQUE	ENCE OF	I NOT RELATED TO THE TERM	A CONUCE	DITION GIVEN	1N PART 1(0)	9hs
	TION			Mally				g-11-		
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF	
1		21a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR		Y IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F	311	21f. LOCATION STREET	1 Jours	N74	COUNT	STATE
		22a.1 certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	1/0	19	5.	nd that in (my) (our) opinion of	, to leath accurred on the do	ite and hour or		(I) (we) l os ses stated
		22b. SIGNATURE	Hit 1	-16	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE SIG	NED 198
		22d. PHYSICIAN'S NAME (TYPE OF	PR T.	KEL	S	22e. ADDRESS Movs	Clin 1	udn	Ill	
	11	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	C	OUNTY	_ STATE_
	C	remation	1/16/	1982 Gr	een M	ount Crematory	Baltimore	3	Mar	yland

DHMH-16 30M 2/80 (VRA 15, 4)

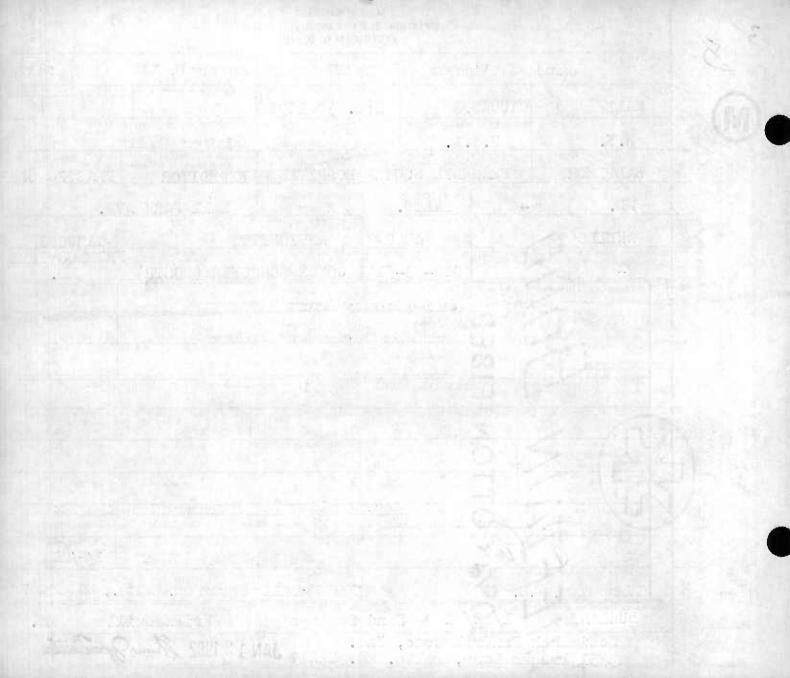
Malter Brooks Bradley Inc., Balto. Md 21222 9 1982 Person



Balto. Md. 21236

FOR

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injury, or other troumotic event,

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT
CEASED NAME	FIRST	MIDDLE	LAST
ORPRINT) Z	EDTHA	M	DALME

DEPAR	TMENT OF HEALTH AND MEI CERTIFICATE OF DEA		GIENE Ö	REG. NO).	U)	1	J
E	PALME	决	2a. DATE OI	DEATH	MONTH /-/8	DAY Z-S	YEAR	26 HOU	RIO AM
	5. DATE OF BIRTH		6. AGE INY	EARS LAST BIRT	HDAY)	IF UNDER	1 YEAR	IF UNDER	24 FIRS
17 3	MONTH DAY	YEAR	69	,	YRS.	MONTHS	DAYS	HOURS	MIN.

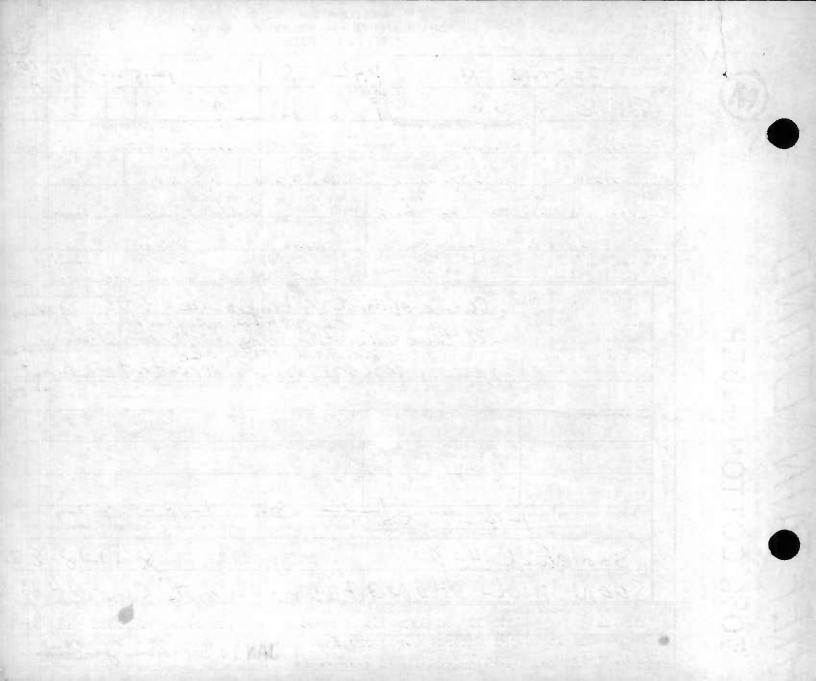
	1. DECEASED NAME FIRST	MIDDLE	-	AST		A DATE OF DESTIN		and the second	
	{TYPE OR PRINT}	Middle A	D	AI W-	-b	2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	BERT	HA M.	Y.	ALITE	7		1-18	-82	10-10 N
-	3. SEX _	4 RACE	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY) IF	FUNDER 1 YEAR	IF UNDER 24 HRS
	Jemale	Cave.	MONTH	DAY	YEAR	10	MC	ONTHS DAYS	HOURS MIN.
		Cat.		6	13	61	YRS.		
1	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	D TO NEVER MAR	DIED [9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
1	Virginia	U.S.A.	WIDOWE		_	Baltimore	Counts	,	440
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI				120 USUAL OCCUPATION			BUSINESS OR
		(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)			(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	000111200 011
4	Randallstown	Baltimore Cou		eneral Ho	spita	l Homemak	er		
1	INDSUAL RESIDENCE (IF NURSING HOME OF 130, STATE			13d. INSIDECITY	I IAA ITS 2	13e. STREET ADDRESS			
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20	14. FATHER'S NAME	punote paurigo in	0000	15. MOTHER'S MA			all 110	Jua 21	111
29	FIRST	MIDDLE LAST		FIRST		MIDDLE		LAST	
-		W. Nickolson		Ack			rbin		
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	URITY NO.	17 INFORMAN	r. Bo	yd .T. Path	ér	21	117
	NO	217-26-	8439			k Road Owi			
			-	HUUI DEE	I Lul	K Houd Owl	riyo mi	1000, 14	<i>U</i> •
	PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), as	nd (c)	A? 10	0	000	0 "1 -	MIWENC	GET AND DEATH
		TE CAUSE (a) Grand	66517	uch Ve	KEU	y distas	& W	75 6	1000
1	4999	DUE TO, OR AS A CONSEQU	ENICE OF	alot	100ch	For usuf	need	Con C	7
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	couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	JENCE OF	no tens	c Co	in aca	1/	1	W 1
	chachying cause last.	((c)	cer	1020110	Den	eur ace	della	Tood o	recort
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	NAL DISEASE OR CONE	ITION GIVE	N IN PART THE	Kind
	NO								1
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		WERE FINDING	
Ž.	F					1,550		ING CAUSES C	
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121- 110-14-11-15	V = C = 1100	YES NO	YES		NO 🗌
	OR CONTRIBUTION TO CAUSE OF DE		AY YEAR	ZIC HOW INJUR	YOCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T OR PART 2)	
	S (IF EITHER, NOTIFY MEDICAL EXAMINE		19						
	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION					
1	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TOV	NN .	COUNTY	STATE
	AT WORK AT WORK		-1	0	0.0	- 1 - 1	2	0	
		ital) ottended the deceased from	45	1	9_0 2	to	, 19		iai (II (we) last
	saw the deceased alive ar abave, (1) (we) (did) (did no	at) view the bady after death.	an	id that in (my) (our) opinian d	leath occurred on the da	te and hour o	and from the co	ouses stated
	22b. SIGNATURE	0		DEGREE				22c. DATE S	IGNED _

should be detoched for use as the buriol-transit permit. Then please remove carl with the State Dept. of Heolth and Mental Hygiene prior ta buriol, cremotian, or TO FUNERAL DIRECTOR: After this certificate has bee IMPORTANT: If Item 21 is morked or Item 18 shows ony hospital ATTENDING PHYSICIAN MEDICAL DIRECTOR [onchu TO HOSPITAL 22e ADDRES 230. BURIAL, CREMATION, REMOVAL (SPERIEV) al 236 NAME OF CEMETERY Lake View Me OR CREMATORY 23b. DATE Jan. 21, View Memorial Pk. 82 14 FUNERAL DIRECTOLOTING Byers Funeral Directors, Inc. REGISTRA 1982 8728 Liberty Road Randallstown, Maryland 21133

Sykesville, Carroll Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

ATTENDING PHYSICIAN: The



	1					STA	E OF MARY	LAND		(1	0 12	1 1
	1	FOR STATE REGISTRAR			DEPAR		HEALTH AND	MENTAL HYG	SIENE O	U	0 3	
17 m	LD	ECEASED NAME	FIRST		MIDDLE		LAST		REG 20. DATE OF DEAT	G. NO.	DAY YEAR	Las ciolia
		PE OR PRINT)					£7101		20. DATE OF DEA			26 HOUR
è /mm	-		Conce	ptio	n - PAL	MES			January		1982	2:30an
E TIME	3. SI		4 RA	ACE		MONT	OF BIRTH	YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DATS	
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rol di 72 ho	7a E	COUNTRY)	OREIGN 76 C	ITIZEN OF	WHAT COUNTRY	(? 8. MARRII	D NEVER	MARRIED -	9 BALTIMORE CI	Y OR COUN	TY OF DEATH	
deot uner		Spain	- 9	Spa		WIDOW	EDX)	ONORCED	Baltimo	re Co	unty	WC
fied fied	10. (ITY OR TOWN OF DEA	TH 11.	NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER IN	STITUTION	12a USUAL OCCU		12b. KIND (OF BUSINESS OR
by # filled	1	Rossville			lin Sque		reital		Housewi			ome
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OR A birect birect bept.	1	226 SIGNATURE	011	1	^		DEGREE		124 15		22c. DATE	ESIGNED
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	FOR 1 - STATE REGISTRAR		DEPAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 5 1 2 CERTIFICATE OF DEATH REG. NO.					
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icion and copers. Pages ol. The medical		No I	21505	1997 CARROLL 1	PARKER Rei	stepstown, Md.			
he hospital or attending physicion. DIRECTOR: After this certificate has been signed by the attending physicion coched for use as the burial-transit permit. Then please remove carbonpay toper, of Health and Mental Hygiene prior to burial, cremation, or remove if them 21 is marked or them 18 shows any injury, or other traumatic event.	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (c). CONDITIONS CONTRIBUTING TO	DUENCE OF O DEATH BUT NOT RELATED TO THE TE					
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BP WH - 16 50M 1/81 (VRA 1S, 4)		UNERAL DIRECTOR HOME YOUNG HOME	1-18-82 ht Sylaeville	old ookland Ceret	ey Sykievill	COUNTY DIA			

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Ambrose Funeral Home, Inc. 1328 Sulphur Spring

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

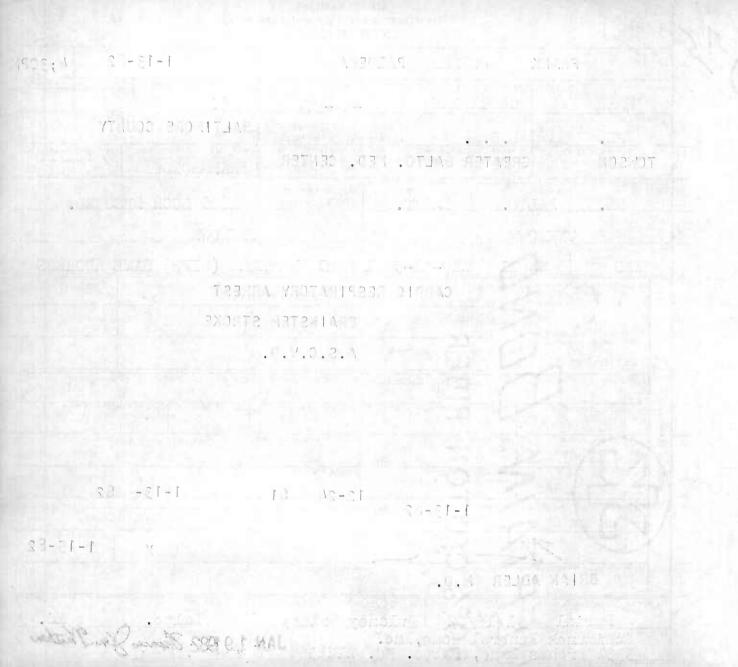
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U	TAL OR yy the ho RAL DIRE detachec tate Depi		Uhro	M	0582	nar	h m		TENDING TYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [22c. DAJE	SIGNED	2_
	O HOSPI			Alfr	ed Oss					Paul S	t.			
	F 2 2 2	23n B	URIAL CREMATION	REMOVAL	236 DATE	23, N	AME OF C	METERY OR CE	PEARATORY	23d LOCATION				

MIDDLE

Marie

FOR - STATE

(TYPE OR PRINT)

REGISTRAR

Lillian

DECEASED NAME

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [IN ITEM TE PART | OR PART 2) COUNTY STATE 19.82 , that (1) (we) last e and have and from the causes stated ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS Dr. Alfred Ossman 1101 St. Paul St. 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland Burial 1/18/82 Parkwood 24 FUNERAL DIR SCRIBMUNEK Funeral Home, Inc. 9705 Belair Rd., Balto, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Pfeifer

REG. NO.

January 14, 1982

26. HOUR

IF UNDER 1 YEAR

10:55am

IF UNDER 24 HRS

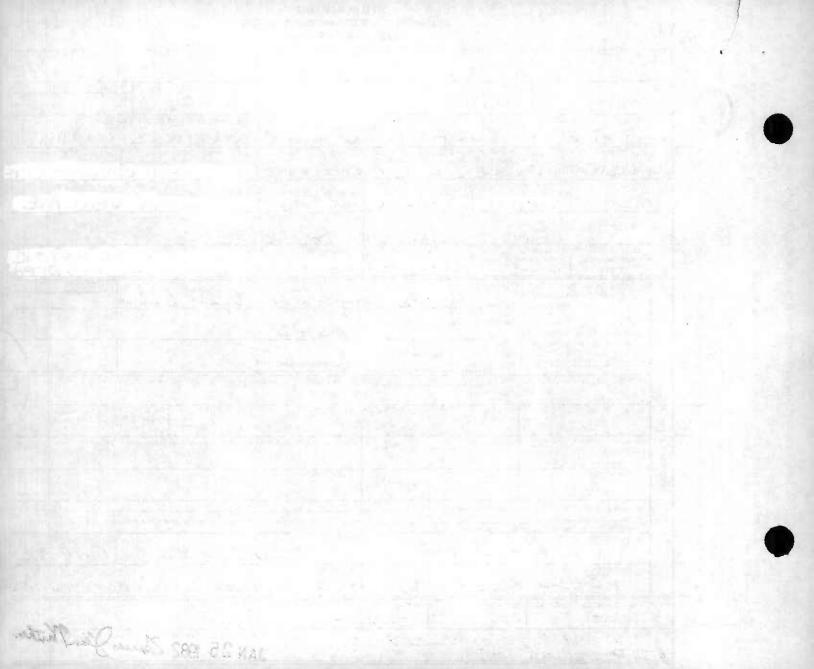
20 DATE OF DEATH MONTH

DHMH - 16 50M 1/81 (VRA 15, 4)

25	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 5 1 CERTIFICATE OF DEATH REG. NO.									
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eoth. Po	7a B	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WH		MARRIEI WIDOWE	DI NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Balto.		EATH MD.			
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mpletely and 2 sh	14. F	ATHER'S NAME FIRST ?	MIDDLE	LAST		15. MOTHER'S MAIDEN NAI FIRST	ME MIDDLE		LAST			
n and co		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	13-05-6		17 INFORMANT Edward Kron	ADDRE		St.			
squires that the death certificate E squires that the death certificate E signed by the attending physicio Then please remove carbon papers to buriol, cremotion, or removal.	z	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR A DUE TO, OR A CONDITIONS CONT	S A CONSEQUEN	Rt.	NOT RELATED TO THE TERM		34°5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 1(0)			
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DING PHYSICIAN: The ar ottending physicial After this certificate is as the burial-transit oith and Mental Hygist marked or Item 18 sha	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. P.M. 21e PLACE OF	MONTH DAY	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		PART 2) UNITY STATE			
to R ATTEN the hospital I DRECTOR toched for us e Dept. of Hem 21 is		270.1 certify that (1) (this hasp saw the deceased alive of above, W(we) (did) (did no 27b. SIGNATURE			С	d that in (m) (our) opinion of GREE ATTENDING PHYSICIAN [, to	F 22	2., that (1) (ver) ast rom the couses stated 2. DATE SIGNED 1 - 28 - 3 2			
HOS nined FUN Sould b		CESAIZ V	PRINTERVE	ro		5310 Old	& Court	Rd.				
D & D & 3 & 3	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	1/29/8			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN Balto	. Md.	Y STATE			
DHMH - 16 60M 7/73 (VR A 15 (41)	24 F	UNERAL DIRECTOR Paul E. Chenowe	eth 3rd. 3	61 Appress hes	st.nut.	25a. DAT	REC'D. BY REGISTRAR	Share STRAPS	SIGNATURE			

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8728 Liberty Road Randallstown, MD. 21133



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7401 Belair Road

STATE OF MARYLAND

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22c. DATE SIGNED

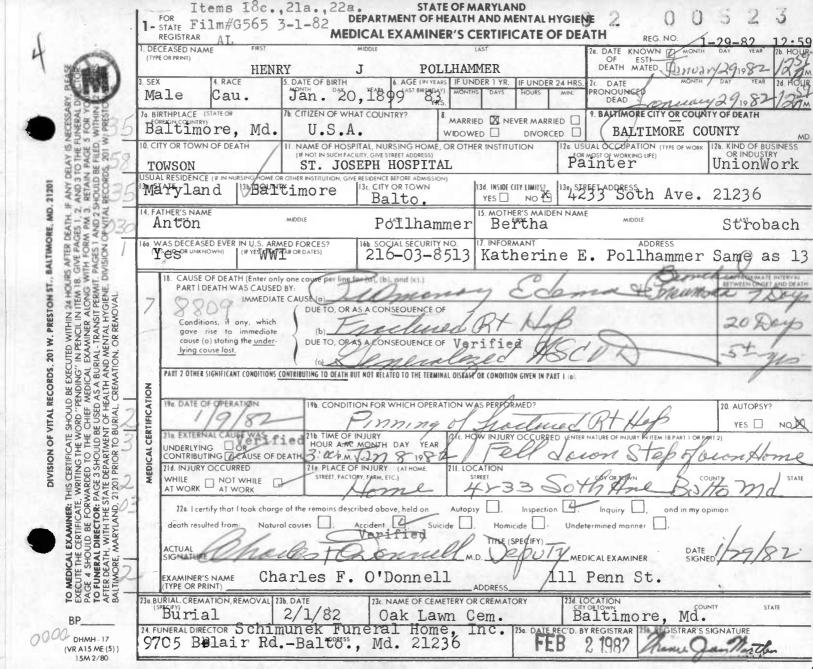
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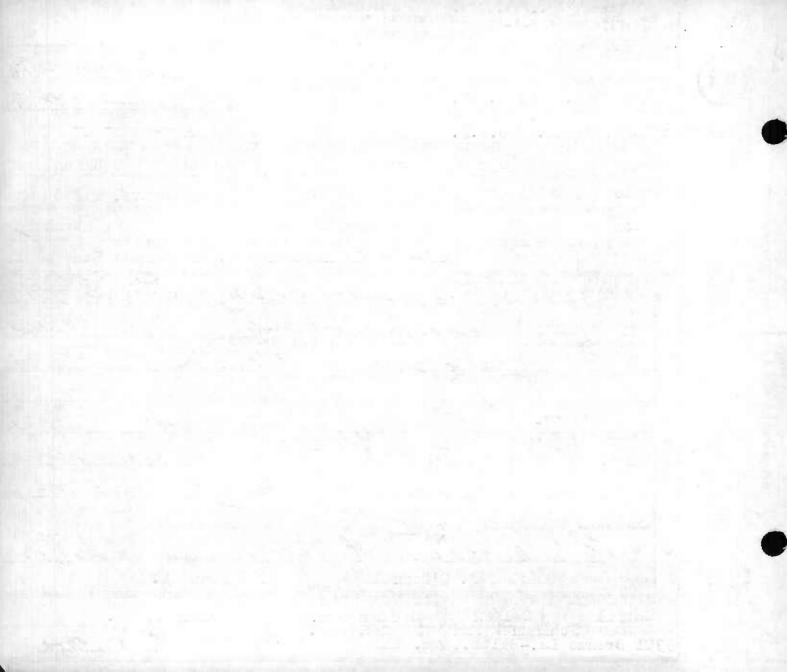
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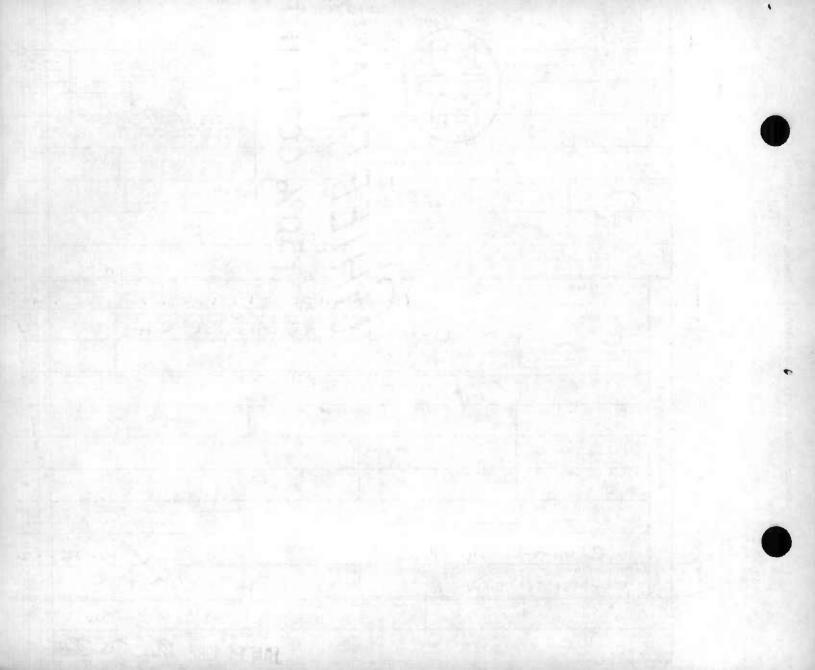
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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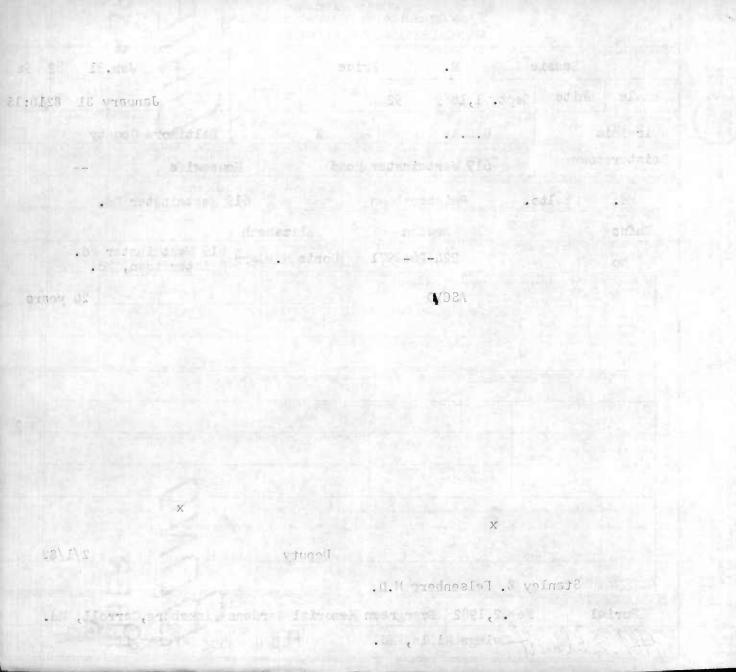


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And A	3 SE		4 RACE	OPRIL	5. DATE C		6 A	GE (IN YEARS LAST BIRTHDAY) IF UNDER I	YEAR IF UNDER 24 HRS
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A ATTEN hospital hospital RECTOR. RECTOR or used for use pt at He em 21 is		saw the deceased alive of abave, (1) (we) (did) (did r	not view the bady	after death.			() apinian deat	h occurred an the date o		
OR DOINE		226. SIGNATURE	0.1. "	- 1		DEGREE ATTE	NDING M	EDICAL STAFF	22c. C	DATE SIGNED
	-	22d. PHYSICIAN'S NAME (TYPE	Whenes	nd, 1.	20	PHY 22e ADDRESS		RECTOR PHYSICIAN	0/1/	1182
TO HOSPITAL retoined by 11 TO FUNERAL should be determined by 11 WPORTANT:		Alma D	RA	binsin	mo	Rosewi	and Ce	nter- Ou	lings m	ill not
0 a 5 d 3 8	23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREA		23d. LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 60M 1/75		UNERAL DIRECTOR		ADDRESS	21229		250 DATE RE	C'D. BY REGISTRAR 25b.	REGISTRAP'S SIC	NATURE TERM
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S CERTIFICATE SHOIL STRONG THE CHIEF STRONG THE CHIEF STRONG THE CHIEF STRONG THE CHIEF STRONG TO SERVING THE SERVIN	UNDER	EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR STRIBUTING CAUSE OF DEATH P.M. 19							A 18 PART 1 OR P	YES ART 2)	NO X				
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TO MEDICAL EXAMINER: THIS CECULE THE CETTIFICATE, WRITTED TO CHUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTMORE, MARYLAND, 21201 PL	death ACTUA SIGNA	resulted from: N	Natural cau	Z. Felsenbe	Suice M.D.	M.D. Dej	s	Undetermine MEDICAL E		and in my a , DATE SIGN	o /1 /e	32			
BP	SPECIF B1	remation,,remov arial	AL 23b. DA	TE 23c	NAME OF CEM	n Memori	lal Gar		nksbur		oll, Mo	STATE			
DHMH · 17 (VR A15 ME (5)) 15M 7/76	H FUNERAL	7. Elle	nelt	Owings Mil	lls, Md.		FEB	3 1982	They						



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF STELL ESTI-198 RAKOWSKI 2R15 10 DEATH MATED 3 SEX 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH 2c. DATE 2d HOUR MONTH YEAR LAST BIRTHDAY) PRONOUNCED female 12 28 30 51 white DEAD YRS To RIRTHPLACE Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY Maryland Baltimore County USA WIDOWED DIVORCED 2, AND 3 TO THE FL 3. RETAIN PAGE 5 2 SHOULD BE FILED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) 1820 Walnut Avenue Baltimore house-wife home CORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 21201 13a STATE 135. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Raltimore Maryland 1820 Walnut Avenue YES NOX 18. GIVE PAGES 1, 2, WITH FORM PM 3. III. PAGES 1 AND 2 SH. DIVISION OF WITH R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Musick O'Flannary Howard Josephine 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N ITEM 18. GIVE ALONG WITH 1 Joseph A. Rakowski 1820 Walnut Avenue no CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D VATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF EXECUTED WITHIN ING" IN PENCIL IN DICAL EXAMINER A Canditians, if any, which gave rise to immediate (b) 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INER: THIS CATE, WRITING THE WASHER AND THE CHIEF AND THE CHIEF AND THE CHIEF AND THE CHIEF AND THE PAGE 3 SHOULD BE USED AND THE CATE OF PARTMENT OF HEAT OF THE CATE OF PARTMENT OF HEAT OF THE CATE 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 21a. EXTERNAL CAUSE WAS 71b. TIME OF INIURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 22e. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Hamicide Natural cause Accident Undetermined manner FUTLE (SPECIFIE ACTUAL DATE EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE Burial 1/14/82 St Stanislaus Baltimore BP Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** NAME Walter Dabrowski 1005 Dundalk Avenue (VR A15 ME (5)

15M 2/80

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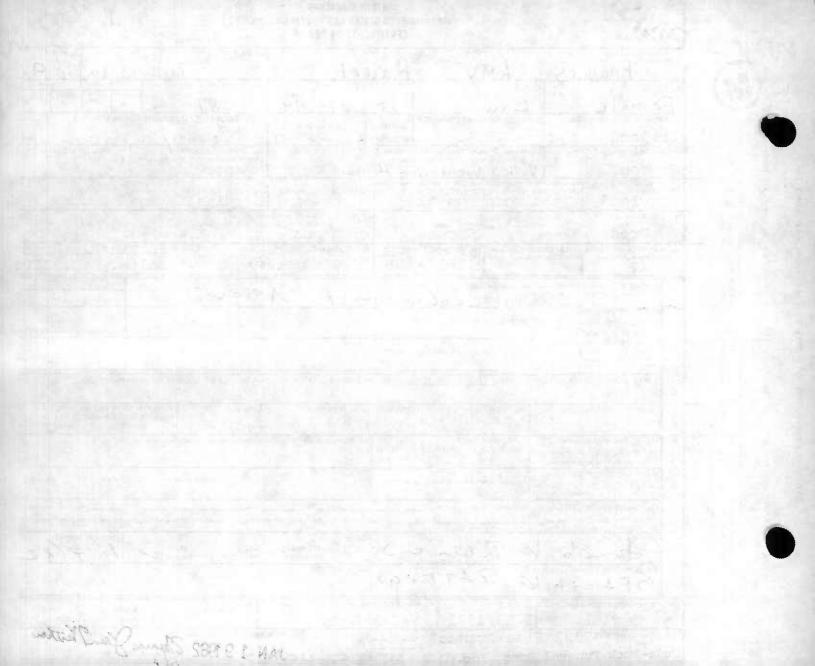
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE

REGISTRAR

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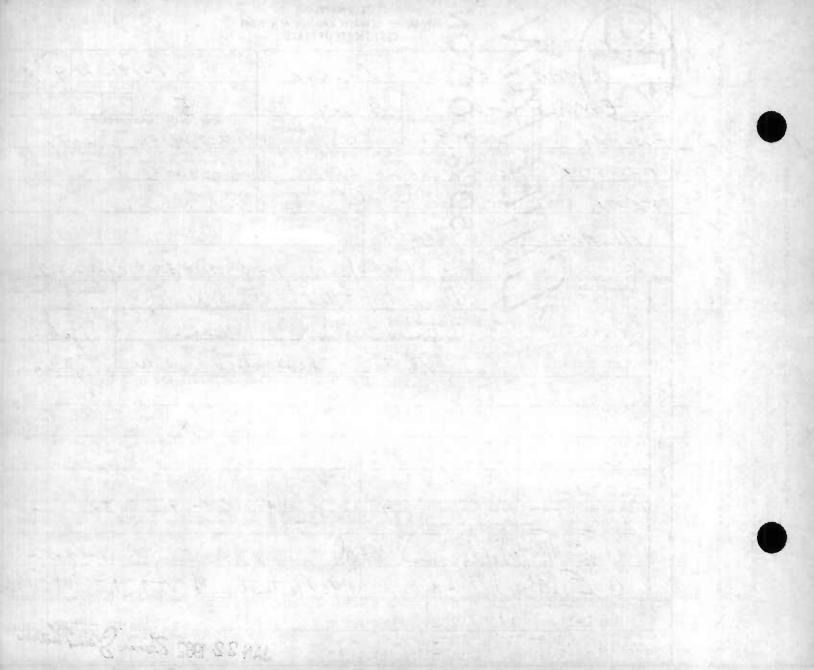
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STATE OF MARYLAND

V	x -	STATE REGISTRAR			UEF	CERTIF	ICATE OF DEAT	H	REG. N			
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		underlying couse	lost	(c)	U	Mrile	- Thei	ense	lock - s	even	14	Para 1
	z	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING	S TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN P	ART	91
1	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED)	200 AUTOPSY?	20b. IF YES, WERE		
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1	E E	210 ACCIDENT WAS UN	Tourse .	21b. TIME O		DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR F	ART 2)	
1	Y	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		TH HOUR A.		19						
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L	8	220.1 certify that (I)	(this hospit	ral) attended th	e deceased f	rom 4	30 19	74	10 /-19	, 19_8	2.	that (I) (we) last
Ł		sow the deceos	ed olive on	1-19	- ())	19824,01	nd that in (my) (our)	opinion de	eath occurred on the d	ote and hour and fr	om the	couses stoted
1		obove, (1) (me) (22b. SIGNATURE	ala) (dia no	I view the body	offer deofh.	1	DEGRYS			220	DATE	SIGNED
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DHMH - 16 50M 7/77 (VR A 15 (4))

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		22a 1 certif	y that I taak ch	arge af the	e remains descr	ibed abav	e, held an		XX v	Inspection		Inquiry		n my apii	M	d.
		death resulte	ed fram: No	atural caus	ses ,	Accident X	X, Suid	ide 🔲	_	cide .	Undetern	nined manner	<u>.</u>			
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low require some significant then to prince then to prince the some somy injury.	CERTIFICATION	19a DATE OF OPERATION			TION FOR WHICH				200 AUTOPSY?	20b. IF YES, V	VERE FINDING	GS USED
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BP OF STATES	230. E	BURIAL, CREMATION, REM SPECIFY!		DATE 2-2-8			EMETERY OR CRE V MEM P		23d LOCATION CITY OF TOWN		PRROLL	STATE
DHMH - 16 50M 7/77	24. FI	UNERAL DIRECTOR	, ,	Dille		LVIED		25a. DATE	REC'D. BY REGISTRA	R 256. REGISTRA		

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			DE		IS. DATE OF DEATH	DAY YEAR	26 HOUR				
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1	a. BIR		76 CITIZEN OF WHAT COUNTRY		10, 1903	9 BALTIMORE CITY OR COUNTY					
34	C	Maryland	USA	MARRI		Baltimore County					
00	Ca	atonsville	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET 406 Roanoke D	rive		(126 USUAL OCCUPATION (1496 OF WORK FOR MOST OF WORKING LIFE) Foreman 126. KIND OF BUSING LIFE) INDUSTRY Brewery					
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14	FA		MIDDLE		15 MOTHER'S MAIDEN NAM	ME MIDDLE					
30		Bernhardt	Rehmann		Johanna		Remme				
16		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATEST	JRITY NO.	17 INFORMANT	ADDRESS					
11				ann, 406 Roanoke	Drive						
		18 CAUSE OF DEATH lenter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: A S C V D G R PS C 1/1									
	NO		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	I NOT RELATED TO THE TERM	linal disease or condition givi					
2	TIFICATI	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS WERTIFYING CAUSES OF YES NOT YES					
. /	_ D	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)				
	WEDI		21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
		220.1 certify that (1) (this hasp saw the deceased glive a above (1) Dwe) (and) Idid n	ortol) oftended the deceosed from		nd that in (mg) (our) opinion (deoth occurred on the date and hour	19. \$ 3 , t				
± ±		226. SIGNATURE	ind	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	1 SIGNED 2/82			
PORTAI		Dr. John C.			2108 Edmonds	on Ave., Baltimo	reMd.				
23		Burial	1/23/82 Lo	oudon	Park Cometery	23d LOCATION Baltimore	countid	STATE			
1	Witzke Catonsville Funeral Home, P.A. 21228 JAN 26 1982 JAN 26 1982										

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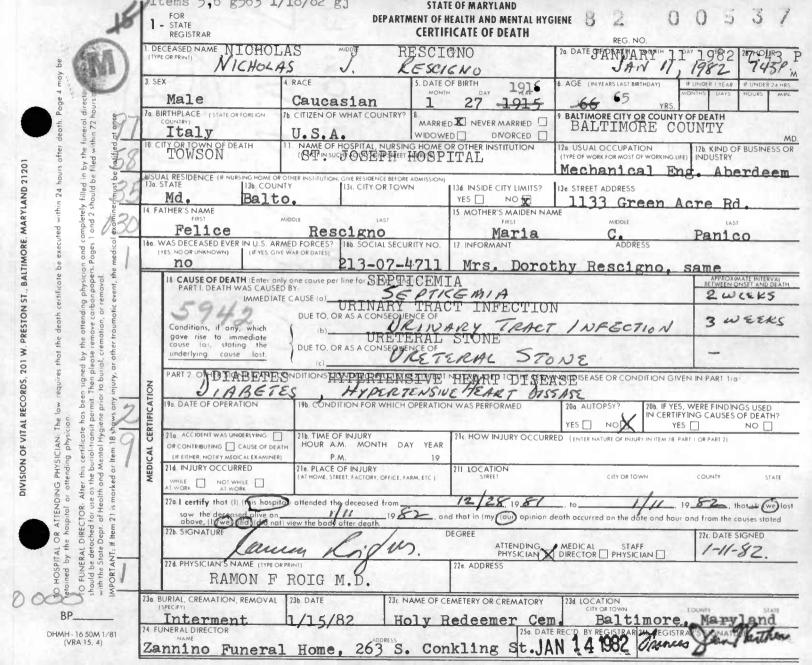
State Colored Consideration (Consideration)

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8800HARFORD

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	A CHECK	3. SEX	(4,	RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	IDER I YR. IF UNDER		DATE	MONTH	DAY YEAR	2d HQUR
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MD.	H. F. A. 3. 1	$\overline{}$	THER'S NAME		WIDDLE	LAST	**	15. MOTHER'S MAIDE		WIDDLE	Modu	LAST	7
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H., B.	DURS AF 1B. GIVE 5. WITH PAGI AIT. PAGI E, DIVISIG		18 CAUSE OF D			for (a), (b), ond (c).)		^ !!	1 5			APPROXIMATE BETWEEN ONSET	INTERVAL
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2	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG. NO.	3 9
(A)	T. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTL. Ryan Francis Ricker DEATH MATED DEATH MATED	6 1982 5 nm
	3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 5. AGE (IN YEARS IF UNDER 1 VR. IF UNDER 24 HRS. 26. DATE PRONOUNCED/ DEAD OF A STATE OF BIRTH MONTH DAY YEAR 5. YRS. 15. DATE PRONOUNCED/ DEAD OF A STATE OF BIRTH MONTH DAY YEAR 5. YRS. 16. AGE (IN YEARS IF UNDER 1 VR. IF UNDER 24 HRS. 26. DATE PRONOUNCED/ DEAD OF A STATE OF BIRTH MONTH DAY YEAR S. AGE (IN YEARS IF UNDER 1 VR. IF UNDER 24 HRS. 26. DATE PRONOUNCED/ DEAD OF A STATE OF BIRTH MONTH DAY YEAR S. AGE (IN YEARS IF UNDER 1 VR. IF UNDER 24 HRS. 26. DATE PRONOUNCED/ DEAD OF A STATE OF BIRTH MONTH DAY YEAR S. AGE (IN YEARS IF UNDER 1 VR. IF UNDER 24 HRS. 26. DATE PRONOUNCED/ DEAD OF A STATE OF BIRTH MONTH DAY YEAR S. AGE (IN YEARS IF UNDER 1 VR. IF UNDER 24 HRS. 26. DATE PRONOUNCED/ DEAD OF A STATE OF BIRTH MONTH DAY YEAR S. YRS. S. YR	DAY YEAR 2d HOUR
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ELAY IS TO THE F I PAGE SS, 201 V	11. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12) FOR MOST OF WORKING LIFE) 12. USUAL OCCUPATION (TYPE OF WORK 12) FOR MOST OF WORKING LIFE)	OR INDUSTRY
E ANY D AND 31 RETAIN HOULD	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. Prince Geo. Lanham 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS 7215 Kempton	
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OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESCALE WORD." "FENDING": IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 310 THE FUNERATHE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR INDER USED AS BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN WITH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W. PRESTRO BURIAL, CREMATION, OR REMOVAL.	18. CAUSE OF DEATH (Enter only one cause pir line ton (a), (b), and (b) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a) stating the <u>under-lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)</u>	APPROXIMATE INTERVAL (RETWEEN ONSE) AND DEATH LECTOR 1991/1000
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DIVISION OF VITAL RI TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD."PE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CE	22a certify that took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my apini death resulted from statural courses Accident , Suicide , Hamicide Undetermined manner , ACTUAL SIGNATURE MEDICAL EXAMINER DATE SIGNED MEDICAL EXAMINER	1/6/8/
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E, MD. 21201 SATH, IF ANY DELAY PM 3, 2, AND 3 TO 1 PM 2, SHOULD BE 5 VITAL RECORDS, 2		VCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	VE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS?	13e. STREET AD			Joan
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·r	II. DECEASED NAME	FIRST	٨	AIDDLE	L	AST	20 DATE OF DEAT	H MONTH	OAY YEAR	26 HOUR
Mer		John		Rine			January	13.	1982	6:00P
5	3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
\$	Male		White	2		uary 16, 1924	57	YRS	MONTHS DATS	HOURS MI
ŕ	70 BIRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CIT		Y OF DEATH	
Æ	Maryland		U.S.	A.	WIDOWE		Balt	imore (Countu	
2	10 CITY OR TOWN OF D	EATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUI	PATION	126 KIND O	F BUSINESS C
144	Randallstow	m	Baltimo			ral Hospital	C and	P Teler	phone Co	moanu
100	USUAL RESIDENCE (IF NO. 130, STATE Mary Land	13b COUN		GIVE RESIDENCE BEFORE 1131. CITY OR TOW Hebbuil	ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRE	SS		
7	14 FATHER'S NAME				-	15 MOTHER'S MAIDEN NA		oung no	7000 21.2	07
N	John		MIDOLE F	Rine LAST		Edna	MIDO	M.	Ward	
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	underlying couse lost.									
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cher:	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED.	200 AUTOPSY? 20b IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES NO			
2) ACCIDENT WAS UNDERTONED TO THE TIME OF INTURY										

MONTH DAY YEAR

19 HOME, STREET, FACTORY OFFICE FARM, ETC.)

21f. LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

COUNTY

STATE

and that in XX (our) opinion death occurred on the date and hour and from the causes stated

220 I certify that (I) (this hospital) attended the deceased from

HOUR A.M.

21e. PLACE OF INJURY

Cremation Jan. 16, 82 Loudon Park Crematory
14 FUNERAL DIRECTOR LOVING Byers Funeral Directors, Inc. 1250 DATES.

8728 Liberty Road Randallstown, Maryland 21133

M.D. 22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED 1/15/82

7000 Security Blvd. Wodlawn, Md. 21207

DHMH - 16 50M 1/B1 (VRA 15, 4)

Br

Herman

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PORTANT

MEDICAL

Dr. Millard Trabana Jr. 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

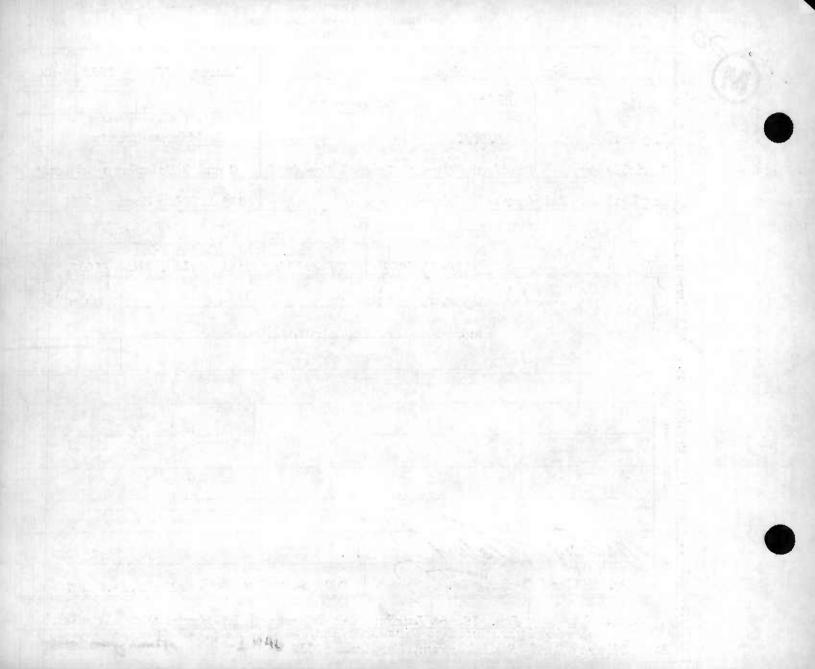
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sow the deceased alive on above, (1) (we) (didXXX

ATTENDING

23c. NAME OF CEMETERY OR CREMATORY

Baltimore City, Maryland



Walter Brooks Bradley Inc. Dundalk Md. 21222

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, MD.	EAT SE STATE		George		MIDDLE	Bayes				ora		MIDDLE		Wi	derman		
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000	ULD BE EXE PENDING EF MEDICA ED AS A B ED AS A B HEALTH AN CREMATION	CERTIFICATION															
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9	THE WEN			L CAUSE WAS	21b. TIME OF HOUR A.M	MONTH E	AY YEAR	21c. HOV	V INJURY	OCCURRE	D (ENTER NA	TURE OF INJURY IN	ITEM 18 PA	RT 1 OR PAR	(T 2)		
DIVISION OF VITAL	S THE	MEDICAL		OR CAUSE OF		F IVIII ISM	19		TIANI								
<u> </u>	DED TEPA	A E	21d. INJURY C WHILE		21e PLACE C STREET, FACT	ORY, FARM, ETC.	(AT HOME,	21f. LOCA STRI				CITY OR TOWN		cou	YTM	\$1.	ATE
	NER: THIS CERTIFICATE SH ICATE, WRITING THE WORL FORWARDED TO THE C TOR: PAGE 3 SHOWED THE STATE DEPARTMENT C ND, 21201 PRIOR TO BURIA		AT WORK	NOT WHILE C			W 100						1.45				
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	HE HOUTE	-	SIGNATURE_	1 John	Luca	MARC	114	M.D	NO	first	4 MEDIC	AL EXAMINER	2	SIGNE	0//15	182	
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OR ATTENDING PHYSICIAN: The low

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TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND										
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE							

	1	STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. N	10	0 3	1 0	
1		CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH		Y YEAR	2b. HOUR	
	{1798	JOHN	F.		ROLL	INS	1 17 8:	2		3-40pm	
	3. SE	X	4 RACE	3,100,100	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE		UNDERTYEAR	IF.UNDER 24 HRS	
		Male	Wh	ite	Jan	i. 19, 1919	62	NTHS DAYS	HOURS MIN.		
9 0 1		IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
\$03		Virginia		ISA	WIDOW	DIVORCED	BALTIMORE COUNTY				
Post lead		TOWS ON	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET		N. CHARLES	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	of BUSINESS OR			
35	130. 5	AL RESIDENCE (# NURSING HOME C STATE 135, COU Lyland Bal	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION			13d. INSIDE CITY LIMITS?	S Gook Restaura 138. SIREEL ADDRESS 773 Turkey Point Rd. 212				
niner		ATHER'S NAME				15 MOTHER'S MAIDEN NAM	ME				
30		John :	S. Rolli	ns		FIRST	Lula Mae	Ham	LAS		
medicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU		. 17. INFORMANT ADDRESS					
e me		Yes WW		224-03-9	9923	Donna Sue Ro	llins	Same			
nt, th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	r line for (a), (b), and	d (c).)				BETWEEN	IMATE INTERVAL ONSET AND DEATH	
9			TE CAUSE (0)			CARDIAC	ARREST/F	RESUS.	5 D	AYS	
injury, or other troumotic	7	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF RESPIRATORY FAILURE							DAYS	
r other t		couse (o), stoting the underlying couse lost	DUE TO, O	OR AS A CONSEQUENCE OF PNEUMONIA SASPIRATION)						DAYS	
njury, o	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	IDITION GIVEN	N IN PART 16	٥١	
	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	NGS USED OF DEATH?			
tem 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DF INJURY .M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)		
morked or Item 18 shows ony	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	21f. LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE	
21 is		220.1 certify that (I) (this hosp sow the deceased alive of above, (I) (we) (did) (did no		_		19-81, 19 nd that in (my) (our) opinion d	to 1-17			that (1) (we) last couses stated	
VI. # #em		226. SIGNATURE	W-8	rebert	M		MEDICAL STA	FF CIAN D	22c. DATE	SIGNED	
MPORTANT		22d. PHYSICIAN'S NAME (TYPE	U- SI	er ert		G.B.M.C	. 6701 N.	CHAR	LES S	т.	
	23a. B	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				

BP DHMH - 16 50M 1/81 (VRA 15, 4)

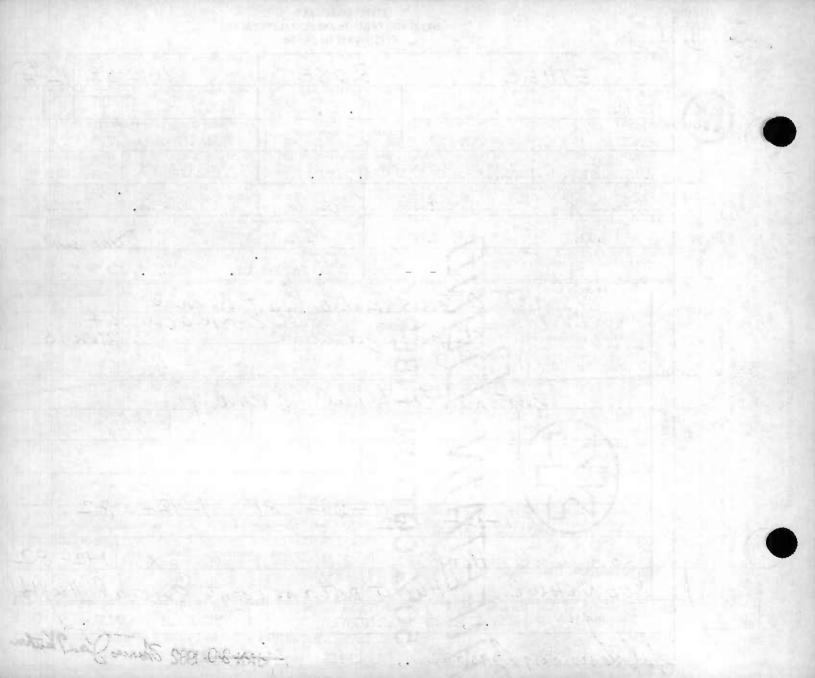
Maryland Veterans Cem.

Crownsville, Maryland

1407 Old Eastern Ave. Funeral Home PA

SIGNATURA Wather

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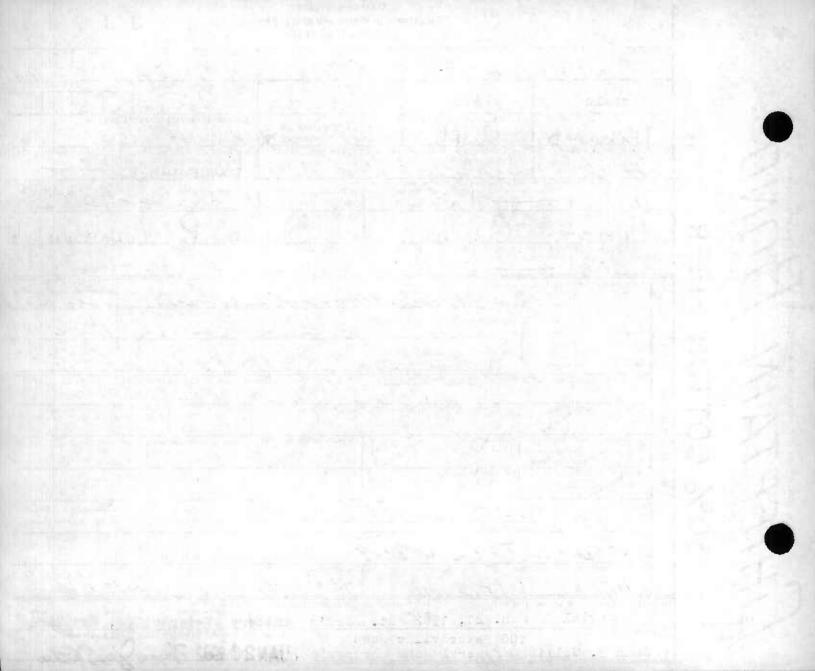


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH I. DECEASED NAME 7b. HOUR (TYPE OR PRINT) Jan. 19. Charles M. Rosier 1982 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS 19. White Male **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Baltimore County arvland WIDOWED DIVORCED [IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESSOR TYPE OF WORK FOR MOST OF WORKING LIFE! Freeland Highways DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 filled in ould be f JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY reeland 1526 Freeland Road 13d INSIDE CITY LIMITS? Balto. Maryland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME O Lillian FIRST MIDDLE Unknown Rosier Freeland Rd. ADDRESSO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Leanne A. Rosier. Freeland. Md. es APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (0), stating DUE TO, OR AS AICONSEQUENCE OF underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU CERTIFICATION 0 non 10b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [uriol-trans 71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK 22a. | certify that (I) (this hospital) attended the deceased from_ sow the deceased alive on. _, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bod 77c. DATE SIGNED 22b. SIGNATURE DEGREE * ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be deto with the State IMPORTANT: h FUNERAL 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 0 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Freeland Balto Jan. Buria Cemeterv 24. FUNERAL DIRECT 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Freedom, Penna. AN (VR A 15 (4)) New

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2n. DATE OF DEATH 2b HOUR (TYPE OR PRINT) 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR DAY emale hite 9. BALTIMORE CITY OR COUNTY OF DEATH 10 BJRTHPLACE TO CITIZEN OF WHAT DUNTRY? (STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OMEMAKER MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE NIL COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS pino 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 166 SOCIAL SECURITY NO 17. INFORMANT BALTIMORE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the ath underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN, IN PART FOR CERTIFICATION 0 prior THE DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 28e AUTOPSY IN CERTIFYING CAUSES OF DEATH? per NO YES [NO F Hygi He ACCOUNT WAS UNDERLYING THE HOW REMERY OCCURRED. [ENTER HATURE OF INJURY IN TEAM IS FART I OR PART 2] 216 TIME OF INJURY 80 MONTH HOUR AM YEAR iol-tr NESO CATHER OF DEATH and Mental MEDICAL OF EITHER NOTEY MEDICAL EXAMPLES THE PLACE OF INJURY 20 214: INJURY OCCURRED 711 LOCATION AT HOME, STREET, ENCIGEN OFFICE, FARM, ETC.) CITY OR TOWN CIDUMIY STATE rked 22a. I certify that (1) (this haspital) attended, the deceased from. 19 So and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on _ obove, (1) (we) (did) (did not) wew the body after death DEGREE 226. SIGNATURE 22c. DATE SIGNED MPORTANT: IF ATTENDING STAFF MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN Burial Mark's Cemetery Petersville. 24 FUNERAL DIRECTOR 100 Petersville DHMH-16 30M 2/80 (VRA 15, 4) John T. Williams Funeral Home

Brunswick



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	X		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST		20. DATE KNOV	NN MONTH	DAY YEAR	26 HOUR
	ASE OR. JRS JRS			WILL		D.		OWELL	2.00	DEATH MATE	ED 🗆 1-	28-82	M
	PLEASE ECTOR. PILES. HOURS STREET,	3. SEX	4. RAC	E	5. DATE OF BIRTH	YEAR LAS	T BIRTHDAY) MON			2c. DATE PRONOUNCED	нтиом	DAY YEAR	6:35P
		-ma	RTHPLACE (STATE OR	ite	May 21,		6 YRS.			9. BALTIMORE (28-82	M
9	變% 0	P.C.	orth Caro]		US	A	WIDO		ORCED	Baltim	ore Cou	nty	MD.
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=	ADS STORY	USU	L RESIDENCE (IF IN NU	IRSING HOME OF	Sparrows	VE RESIDENCE BEFORE	ADMISSION)			-			
21201	SECTION S	Ma	ryland	Balt:	imore	Essex	OWN	13d. INSIDE CITY LIMIT		EET ADDRESS Langle	ey Road	21221	
WD.	HANGE STATE	14. F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	AIDEN NAME	MIDDLE		LAST	
ORE,	O S AN PAN PAN PAN PAN PAN PAN PAN PAN PAN			Thoma	as Willia	m Rowell			Vivi	ian Dowd			
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RECORDS,	S A BL TH AL	Z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN I	IN PART I (d).				
	HEA A	CERTIFICATION	190. DATE OF OPER	ATION	196. CONDI	ION FOR WHICH	OPERATION	WAS PERFORMED?				2D. AUTOPSY	?
VITAL	SSE SE	Ĭ.										YES 💭	NO 🗆
DIVISION OF	TO THE WARTAEN		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DAY	YEAR	10W INJURY OCCU	IRRED (ENTERN	NATURE OF INJURY IN	ITEM 18 PART 1 OR P.	ART 2)	
DIVISI	WRITING WARDED WAGE 3 SH WAGE 3 SH WAGE 1 SH WAGE 1 SH WAGE 1 SH	MEDICAL	ZIE INJURY OCCUR WHILE NOT AT WORK AT V	WHILE C	21e PLACE (STREET, FAC	OF INJURY (AT) FORY, FARM, ETC.)	OME, 211 LC	STREET		CITY OR TOWN	cc	YINUC	STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 310 THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. THE THAN PAGE 15 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE HIS AFTER PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF CHARLE PROPERS. 2018 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		220. I certify that death resulted from ACTUAL SIGNATURE		e of the remains des	cribed obave, he Accident	Suicide	psy XX Inspe Inspe TITLE (SPECIFY M.D. ASSISTS	()	Inquiry , ermined manner	and in my a	1-29-	-82
	MEDIC CCUTE THE SE 4 SH FUNER FUNER TIMORE	-	EXAMINER'S NAME (TYPE OR PRINT)	8125	oarita A	Korell	M_D_	ADDRESS11		Street			
001	5AA5FA	23a. B	LIPIAL CREMATION I			23c. NAME	OF CEMETERY	OR CREMATORY	23d. LC	OCATION ORTOWN			STATE
000	BP		urial		2-2-82		wridge	Mem. Park	c Ba	altimore			
	DHMH-17 (VR A15 ME (5))	1	uzdzinski	Funera	al Høme P	A 1407 C	ld East	ern Ave.	FEB	1 1987	REGISTRAR'S	SIGNATURE	Of-
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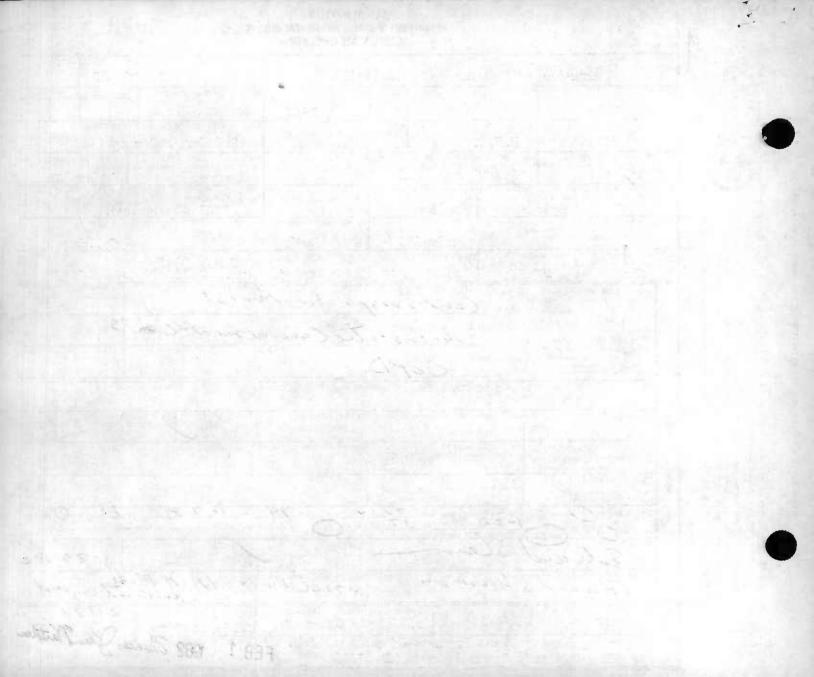
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1.	0 0 .	5 5 2								
			FIRST	MIDDLE		LAST	REG. NO.	DAY YEAR	2b. HOUR		
	TYPE	OR PRINT) Maur	ice 0	wens	Rudo	asill	1	M			
	3. SEX		4. RACE	07	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR			
		Male		White	MONT.	7 1920	61 YRS	MONTHS DAYS	MOURS MIN.		
-	1a. Bl	RTHPLACE (STATE OR FOR	76. CITIZEN O	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
2		MD	U.S.		WIDOWI	ED XX DIVORCED	Baltimore County M				
2	100	TY OR TOWN OF DEATH	(IF NOT IN S	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET, Elmore Roc	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Manager	LIFE) INDUSTRY	or Inn		
	130 S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTE	N. GIVE RESIDENCE BEFORE	ADMISSION)			IN CIACO	OF THE		
1		MD	Baltimore	Wood Lawr		YES NO X	13e STREET ADDRESS 7321 Elmore	Ave.			
	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME	IA	SI		
		Jacob		Rudasil	.7	Ruth		Coll			
		VAS DECEASED EVER IN	IF YES, GIVE WAR OR DATES)		RITY NO.	17 INFORMANT MY	s. Carot Poole				
		Yes	WW II	220-07-4	957	3209 Gartside	Ave., Baltimor	e, MD	21207		
		18 CAUSE OF DEATH	Enter only ane cause p	er line far (a), (b), and	icil	115	herest	BETWEEN	ONSET AND DEATH		
			MEDIATE CAUSE (a)_	CHAIL	P 4 7	piratoryth					
		1629	DUE TO,	OR AS A CONSEQUE	NCE OF	+1	noma ofthe	275			
		Conditions, if any, was	hich (b)	Meta	570	rlie (quell	womay 4				
		couse (a), stating	the DUE TO	OR AS A CONSEQUE							
		underlying cause									
	NO	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	inal disease or condition g	IVEN IN PART 1	101		
,	CERTIFICATION	19a. DATE OF OPERATIO	N 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?				
4	RTI						YES NO	res 🗌	NO 🗌		
7		210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU		OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
	MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.M.	19						
	WED	21d INJURY OCCURRED	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
1		AT WORK					7				
		22a.l certify thou (1)			57	19.79		19 /2	that (we) last		
		abave, (1) (we) (did	did nat) vi) w the bac	y fter death.			death occurred on the date and ha	our and from the	couses stated		
		22b. SIGNATURE	150	en		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED		
_		Solve	and			PHYSICIAN [DIRECTOR PHYSICIAN	100	27-82		
		Edwa	- of Stage	rm a7		8726 Libr	ty plaza	alestow	2, 44		
	23a. B	URIAL, CREMATION, RES	MOVAL 236. DATE			EMETERY OR CREMATORY	23d LOCATION	211	33		
		SPECIFY) Burial	2/1/	82 St.	John	n's Cemetery	Ellicott City	Howard.	on MD.		
	24 FU	INERAL DIRECTOR I	oring Byer	s Funeral	Dire	ctors, Inche DATE	E REC'D. BY REGISTRAPLYSH. REGIS	IRAP'S NO.	way lawy		
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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If Item 21 is



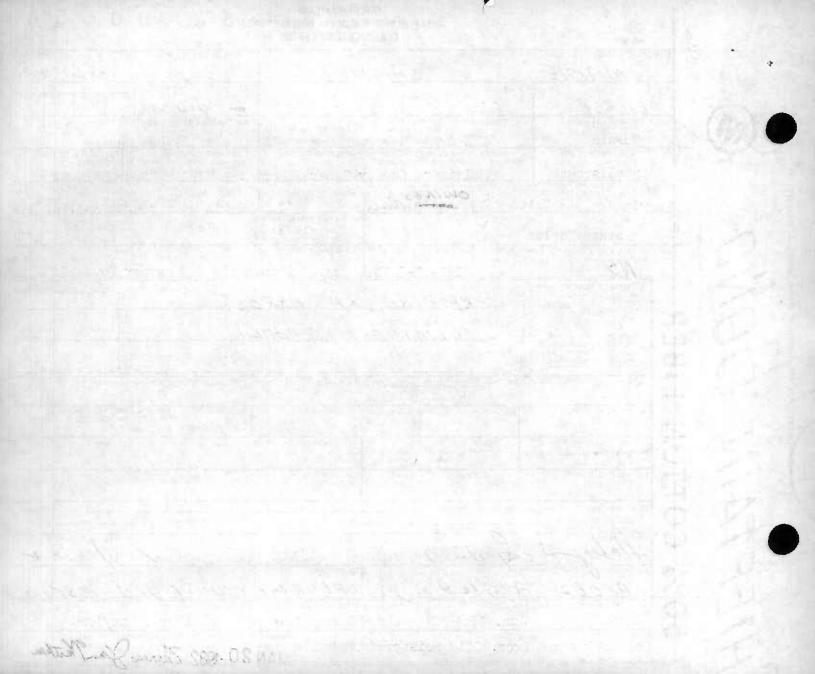
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Kandallstown Baltimore County General Hosp. Hous	usewife At Home
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Maryland Balto Balto Mics YES NOT 3 Hiawat	atha court Apt. E.
14. FATHER'S NAME	
Nathan Caplan Ida Silver	DDLE LAST
	ADDRESS
(YES, NO GRANINOWN) (IF YES, GIVE WAR OR DATES)	NUNCOS
217-07-5473 Mrs. Sylvia Lapin 208	08 Harper House 21210
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DUE TO, OR AS A CONSEQUENCE OF	
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DHMH - 16 50M 1/81 (VRA 15, 4)

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BP	230 BURIAL, CREMATION, REMOVE (SPECIFY) Burial	h == .= 0= 11 1	FCEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimore.	Maruland STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR Ma ully funeral	Home, 237 E. Patapsco	225 25a DAT	TE REC'D. BY REGISTRAR 756. REG	IS PA SSIGNOT VINTERS

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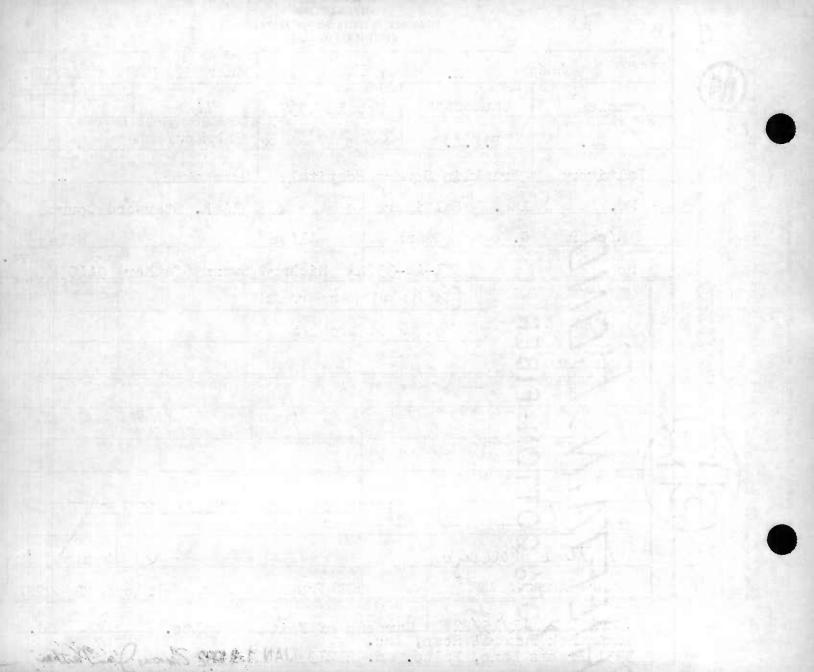
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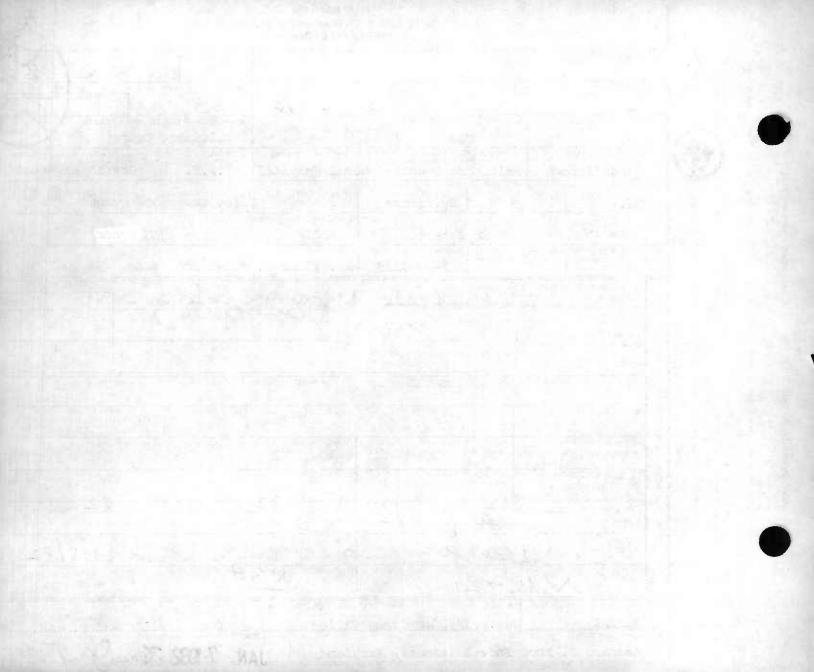
REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 20 DATE OF DEATH MONTH 2h HOUR SAUNDERS January 12, 1982 6:45P. A. 6. AGE (IN YEARS LAST BIRTHDAY) Feb 10 1937 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County DIVORCED X HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Homemaker 13e. STREET ADDRESS 14 E. Starwood Court 15 MOTHER'S MAIDEN NAME MIDDLE Alice Welsh Richard Swann (father) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cardio-Pulmonary Arrest Metastatic Carcinoma PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 21f. LOCATION CITY OR TOWN COUNTY STATE January and that in Kny) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL January 12 PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 9000 Franklin Sq. Dr., Baltimore, MD 23c. NAME OF CEMETERY OR CREMATORY STATE

21213

DHMH - 16 50M 1/B1 (VRA 15, 4)





STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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REGISTRAR

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21229

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REGISTRAR

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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- STATE REGISTRAR

I. DECEASED NAME

XXXXX Clara

(TYPE OR PRINT)

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO

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IF UNDER I YEAR

2h HOUR

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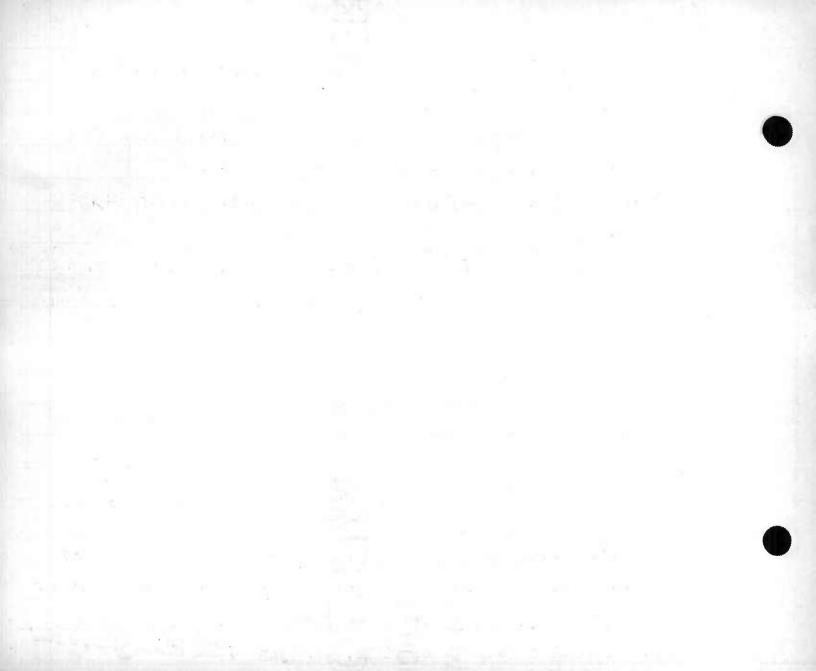
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Jr. 2016 Parks 3. SEX IF UNDER 24 HRS DATE PRONOUNCED DEAD 7a. BIRTHPLACE **BALTIMORE CITY OR COUNTY** MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY 0 Printer Square Hospital CHE MEDICAL EXAMINER ALONG WITH FORM PAGES 1, 2, AND 3 TO CHEF MEDICAL EXAMINER ALONG WITH FORM PM 31. RETAIN BY 10 SED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BY OF HEATH AND MENTAL HYGIENE; DIVISION OF WITAL RECORDS. IRIAL, CREMATION, OR REMOVAL. Krueger 130. STATE 13e. S' 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ruth MIDDLE FIRST McNeave George Sr. Selby. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT Kenyon Ave. sister Yes Audrey Therres unknown 18 CAUSE OF DEATH (Enter anly ane cause per line far (a APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH CARDIOUASCULAR PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION ICATE, WRITE E FORWARDED TO THE COST AS CTOR, PAGE 3 SHOULD BE USED AS TALE STATE DEPARTMENT OF HEA 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 21f. LOCATION (AT HOME TO MEDICAL EXAMINER: THIS CAP EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK AT WORK NOT WHILE 220 I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted Ha Natural causes Undetermined manner 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL Parkwood Balto. BP Funeral Home 3331 Brehms Lane JAN 29 1982 DHMH - 17 (VR A15 ME (5) 15M 2/80

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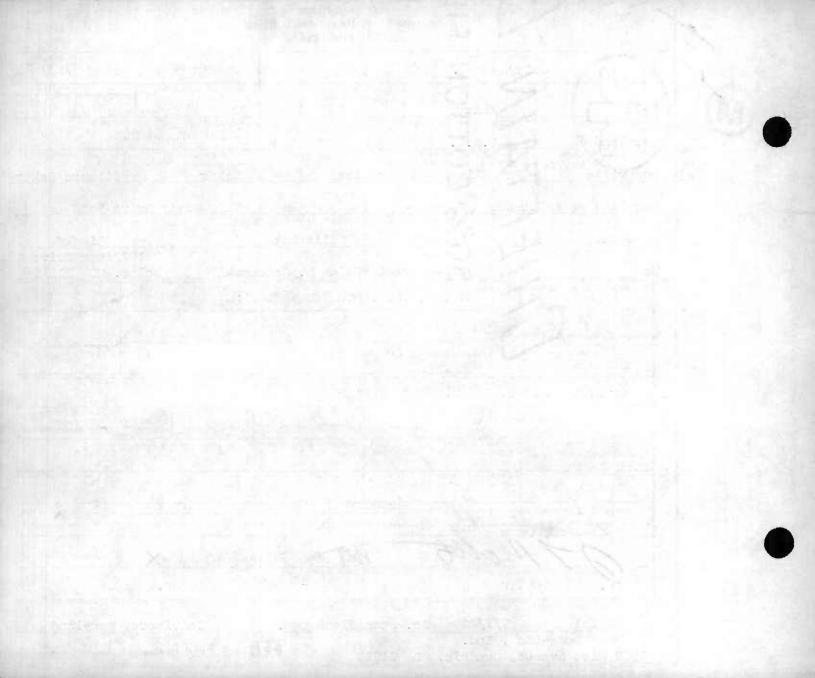
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL H
CERTIFICATE OF DEATH

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ATTENDII aspital or iCTOR: A d for use of theolin n 21 is mo		saw the deceased aims the above (I) (we) (did Vaid no	tyriew the body after death.	opinion death actorized on the date and hour and from the causes stated
SPITAL OR A d by the hos NEAL DIREC be detroched e Store Dept.	0	22d. PHYSICIAN'S NAME (TYPE O	PHYSI	DING MEDICAL STAFF KIAN DIRECTOR PHYSICIAN
TO HOSPITAL retained by the TO FUNERAL should be detrown with the State		DR- FRANK T	- KASIK JR. HARF	ORD ROAD PARKVILLE MO 2B34
1000	3	URIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 236. NAME OF CEMETERY OR CREM.	n. PK. PARKVILLE BALTO: MARYLAND
DHMH-16 60M 1 /73 (VR A 15 (4))	10	NAME VANS FUNZRA	ADDRESS	JAN 19 1982 Frances

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STATE OF MARYLAND

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1 - STATE REGISTRAR			DEPART		ICATE OF	DEATH	REG.	NO.	U U	الردد	/ 3
1. DECEASED NAME (TYPE OR PRINT)	Ethe1		ampbell		Smit	ħ	20. DATE OF DEATH	MONTH 01	DAY 23	YEAR 82	26 HOUR 5:45PM
3. SEX Female		4. RACE Whit	е	5. DATE (MONTH 03	OF BIRTH	1888	6. AGE (IN YEARS LAST	YR	MONTHS	DER I YEAR	IF UNDER 24 HRS HOURS MIN
70. BIRTHPLACE (STA- COUNTRY) Marylan 10. CITY OR TOWN OF		USA	WHAT COUNTRY?	MARRIE		R MARRIED DIVORCED	9. BALTIMORE CITY Baltimor	e C	ount	У	MD OF BUSINESS OR
Rossvil	le	Rossv	ille – 1	Address) Mano:			(TYPE OF WORK FOR MOS Housewij	T OF WORKIN	GLIFE) IN	DUSTRY	emaking
130. STATE Maryland	13b. COU		Overle	'N	YES 🗌	CITY LIMITS?	13e. STREET ADDRES		lven	ue	21236
14. FATHER'S NAME FIRST Ernes	t	MIDDLE	Campb	e11		r's maiden na i chmon	MIDDLE	inia		Cart	
160 WAS DECEASED E (YES, NO OR UNKNOW! NO		RMED FORCES? VE WAR OR DATES)	213-74-		17. INFOR			Del	ligh	t An	venue
18. CAUSE OF E	TH WAS CAUSI	nly one couse per ED BY: .TE CAUSE (o)	CUA (b), on	d (c).)					A	APPROXI BETWEEN C	ONSET AND DEATH
Conditions, if gove rise to couse (a), underlying	immediate		R AS A CONSEQUE		lero	te Co	OTO		Į.	end	leh.
PART 2. OTHER	X	BLUST!	ONTRIBUTING TO L				200 AUTOPSY?	20b. 1F	YES, WER	RE FINDIN	NGS USED

MEDICAL

prior to bur

certificate has been burial-transit per

OR CONTRIBUTING CAUSE OF DEATH

NOTIFY MEDICAL EXAMINER

21b. TIME OF INJURY HOUR A.M.

MONTH DAY YEAR P.M 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

22e ADDRESS

CITY OR TOWN

and that in (my) (come) opinion death occurred on the date and hour and from the causes stated

COUNTY

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (#) (we) (did) (did no 22b. SIGNA

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

274 PHYSICIAN S NAME (TYPE OR PRINT

John C. Hyle.

23b. DATE

1/27/82

7527 23c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

21236 Belair Road

230. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR Lassahn Funeral Home

7401 Belair Road

23d LOCATION
CITY OR TOWN
Pikesville Baltimore Md.

(VRA 15, 4)

BP

DHMH-16 30M 2/80

should be detoched for use os with the Stote Dept. of Health

MPORTANT:

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	1.	FOR STATE REGISTRAR		DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE B	0 0 5	14
		CEASED NAME FIRST	HURSTON :	OTTOCK	SMITH	20. DATE OF DEATH	MONTH DAY YEAR 1/28/8	2 4:10F
	3. SE	x Male	4. RACE White	5. DATE	OF BIRTH 8 1918	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
of once.	N	IRTHPLACE (STATE OR FOREIGN COUNTRY) ewark, N. J.	76. CITIZEN OF WHAT	MARRI: WIDOW		9. BALTIMORE CITY O	BALTO. CO	UNITS MD.
54	В	ALT I MORE	6701 UCH N CILIT	CHARLES" S	OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Sales Man	F WORKING LIFET INDUSTRY	cco Ind.
35	130. S	Id. Ba		TY OR TOWN ckeys ville			Cockey Knoll Rd.,	ysville, Md.
130 milion		ather's name Fred De	witt Smi	th	Louise	WE	Pollock	T
medical	(GIVE WAR OR DATES)	OCIAL SECURITY NO.	Mrs. Katha	rine F Sm	Rd.	ar Knoll
s any injury, or other frour	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAT	DUE TO, OR AS A	CONSEQUENCE OF UTING TO DEATH BU'	NOT RELATED TO THE TERM ON WAS PERFORMED	NINAL DISEASE OR CONI	DITION GIVEN IN PART 1 (o	GS USED
em 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. M		21c. HOW INJURY OCCUR	YES NO	YES 🗌	NO 🗌
marked ar II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJI	JRY ORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	00 00	STATE
			ospital) attended the deced an <u>JAN 28</u> not) view the body after d		nd that in (my) (aur) apinion	, taJAN death occurred on the do		
MPORTANT: If Item 21 is		22d PHYSICIAN'S NAME (IV	PE OR PRINT)	me	ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC		SIGNED
IMPORT	00.	DR G.R. GA	FFNEY		GBMC			
_	В	BURIAL, CREMATION, REMOV (SPECIFY) Urial UNERAL DIRECTOR	236. DATE 1/30/82		Valley Cem		sville, Md.	STATE
/81		emmon-Mitc	hell-Wiedefe	eld, Inc. 1			230. REGISTRAR'S SIGNATU	Martha

DHMH - 16 50M 1/81 (VRA 15, 4)

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J.: II 78			1.0 Y 1.55.41.	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME FIRST 20. DATE KNOWN TY MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-John Snyder 19 82 10 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 2d HOUR DATE VEAR LAST BIRTHDAY) PRONOUNCED white male DEAD 10 182 10:30 97 68 YRS b. CYTIZEN OF WHAT COUNTRY? To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH PM MARRIED | NEVER MARRIED Baltimore County Balto. DIVORCED Md WIDOWED B. GIVE PAGES 1, 2, AND 3 TO THE P WITH FORM PM. 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF VITAL RECORDS, 201 V ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK C DRUNDUSTRY ITAL NURSING HOME OR OTHER INSTITUTION OF STREET PROPERTY ST. 21201 Paradise Avenue Catonsville Mechanic Police Dept. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER IN 130 STRONGES SS Hotel-306 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? St. Franklin Md Balto.City NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST John Snyder Christina Hammond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Frederick (IF YES GIVE WAR OR DATES) Yes Mrs. Lor etta Knepper 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL THIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] CERTIFICATION 190. DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SOCIAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PROCE A SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion Hamicide Undetermined manner death resulted fram: Natural causes Accident TITLE (SPECIFY) ACTUAL DATE 1/11/82 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dolan. Penn Street Balto MD 21201 Virginia 1 M.D (TYPE OR PRINT) ADDRESS. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE SPECIFY) Buria] Loudon Park Cem Bal to Md BP 24 FUNERAL DIRECTOR AVE . 256. REGISTRAR'S SIGNATURE Frederick **DHMH-17** G. Truman Schwah 21229 (VR A15 ME (5) 15M 2/80

ey through the day of the control of

	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 3 / 6		
	1. DE	CEASED NAME FIRST EOR PRINT) Arthur	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	20 1100K		
1	3. SE		Adler So	ndheimer Is date of Birth	1 13	1111		
	3. 55	[^] Male	White	Manth 8 97°		UNDER 1 YEAR IF UNDER 24 HRS		
11 of 11		IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY C Baltimore			
9		Cockeysville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Broadmead	NG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY		
myst b	13a.	AL RESIDENCE (IF NURSING HOME OF STATE HOME OF OF BA	Ttimore 13. Cockeys	(Ville 13d. INSIDE CITY LIMITS?	13e 13801 Tork Road			
3	14 F/	ATHER'S NAME LOUIS	MIDDLE Sondheimer Sondheimer	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Ad1'er		
medicol		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECU	Danid Mark	ADDRESS POBox 1596 212	203		
other troumotic event, the		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	O-PULMONARY ENCE OF ENCE OF.	ARREST MYELOMA IGH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 +YPE.		
shows ony injury, or o	IFICATION	IFICATION	CERTIFICATION			DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	AY YEAR	YES NO YES			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
21 is m			tol) ottended the deceosed from	12 -24 19 81	to, to, 19			
Tea #		226. SIGNATURE	wow	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR CHYSICIAN	1-13-82 /100/4		
MPORTANT		22d PHYSICIAN'S NAME TYPE OF	DEARO ML	D. BROADME	EAD.			
≤	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
 1/B1		UNERAL DIRECTOR	ADDRESS	reenmount	Baltimore Ma			
		witchell-Mie	defeld Home 6	500 York Rd				

STATE OF MARYLAND

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With two theres.	. M.H., 2.A.	onald V. Voo

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DHMH - 16 50M 1/81 (VRA 15, 4)

1	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		0 0	7 8
)		PF OR PRINTS	MIDDLE			20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1								7:20a M
12	3. SE							
1					y 13, 1912		YRS	
1	15	Penna	U.S.A.	MARRIE	ED DIVORCED			MD.
57		Rossville	Franklin Sque	are Ho		(TYPE OF WORK FOR MOST O	F WORKING LIFE! INDUSTRY	
35	13a.	state In coundaryland	TY 13c CITY OR TO	WN	134. INSIDE CITY LIMITS? YES NO [
20		Andrew	Sadauska		15. MOTHER'S MAIDEN NAME FIRST Elizabeth	WE	Arbatavi	T: 20a M R IF UNDER 74 HRS. S HOURS MIN. MD. OF BUSINESS OR 21206 AST ICIUS 1. 21206 MO. OSMANTE INTERVAL NONSET AND DEATH STATE That W (we) lost the causes stated E SIGNED G STATE STATE
2			WAR OR DATES)				Dalle, Mc	1. 21206 re.
7	FICATION					20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
2			In a second		21c. HOW INJURY OCCURR			но 🗍
9	MEDIC	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
1		270.1 certify that M (this hospit sow the deceased alive an above, M (we) (did) (due por 27b. SIGNATURE	ol) attended the deceased from January 6 19_	82, or	nd that in ()() (our) opinion of DEGREE ATTENDING	death occurred on the do	te and hour and from the	e causes stated E SIGNED
1		P. Fel	rernandez		9000 Frank	clin Square		
	TOPECASED NAME		STATE LTVland					
		NAME	Inc. Baltimon	re, Ma	ryland JAN		REGISTRARY HOLL	The There

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	V. Science	en Ree .o	Teonard J. Ruot

	1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF HE	OF MARYLAND EALTH AND MENTAL HYGIE CATE OF DEATH		0 0	5 7 9
	1. DE	CEASED NAME FIRST	MIDDLE	LA	ST	REG. NO		AR 2b. HOUR
noy be poge 3 er death	TYPE	OR PRINT) ADA	MARIE SO	DUTA	HARD		1 30-8	2 10:15AM
affice, 4	3. SE	FEMALE	4. RACE WHITE	S. DATE OF	F BIRTH 18 YEAR 6	AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
death. Page		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRIED	BALTIMORE CITY OF		TH MD.
s ofter d	10 C	ARRISO N	11. NAME OF HOSPITAL, NURSING OF HER ISON VALLEY		KEISIERSBUNK	120 USUAL OCCUPATION	WORKING LIFE) INDUS	IND OF BUSINESS OR STRY ELF
filled found in Case of the Case of Ca	130 S	AL RESIDENCE IF NURSING HOME OF STATE 136 COU	-	ADMISSION	13d. INSIDE CITY LIMITS?	30. STREET ADDRESS		TS AVE
mpletely and 2 sh	14. F/	TOHN	MIDDLE DAILEY		15. MOTHER'S MAIDEN NAME MARTHA	MIDDLE	WALLAI	MEYER
n ond col		VAS DECEASED EVER IN U.S. AI YES, MOOR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	3541	TUSSELLE, S	ADDRES OUTHARD	ST CEDAT	RMERE RD LLS, MD 21117
that the deoth certifico d by the attending phys leose remove carbonpap iol, cremotion, or removo or other traumotic event,		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF	sculocatred	Ascu	D - 2	PPROXIMATE INTERVAL WEEN ONSET AND DEATH OCT
N: The law requires sysician. cate has been signe consist permit. Then pl. Hygiene prior to burn 8 shows any injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT	196 CONDITION FOR WHICH			200 AUTOPSY? YES NO	206. IF YES, WERE F IN CERTIFYING CA	INDINGS USED
tySICIAN: The ding physicia is certificate buriol-tronsit Mentol Hygin and them 18 she	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PAI	RT 2]
NG PHY ottendir fter this as the bu th and M	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNT	TY STATE
R ATTENDIA hospital or IRECTOR: A hed for use ept. of Heoli		sow the deceased alive of	pital) offended the deceased from no		that in (my) (and apprinion de	oth occurred on the da	te and have and from	m the causes stated
the Direction of the Di		226. SIGNATURE COLD N	ved)	D		MEDICAL STAF	IANA 1	DATE SIGNED
TO HOSPITAL etained by 11 TO FUNERAL should be det with the Stote IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE	AS M D		TO SCOT	TASAMA	el cocke	7 sulle 21036
	Bi	BURIAL, CREMATION, REMOVA SPECIFY) RIAL	236. DATE 236. 1 2-2-82 EV		METERY OR CREMATORY CEN MEM, CARDE			
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR	I TAP PIKESV	11/5	MD. 25a. DATE I	REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SK	SNATUR

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TO LAS HAVE	1.012		
SINNELL			
Participants for reservoir		3.0	
	G ANA	A SATURED	Franking C

8728 Liberty Road Randallstown, Maryland 21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The second section of the second second Les Grant - Strate - MA JAN 12 1892 21 co. Jan Salan

6	1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYGICATE OF DEATH		U	U	0 1
		CEASED NAME FIRST		MIDDLE	L	AST	REG. N	MONTH DA	AY YEAR	2b. HOUR
death death	(TYPE	SAMUE I			SPI	VAK	JANUARY	28 10	982	9 A.M
er d	3. SE		4. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
rs af	M	ALE	WHITE		SEPT	. 15, 1909	72	YRS.	DAYS DAYS	HOURS MIN,
S.		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	1.	XX NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
30	0.0	ARYLAND	USA		WIDOWE		BALTIMOR	E COUNT	ΓY	MD.
用工	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	12b. KIND OF	BUSINESS OR
11	P	IKESVILLE		D MANOR N		IG HOME	MILKMAN	IF WORKING LIFE)	SEALT:	EST
of S	13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
ES.	_	ARYLAND		BALTIMO		YES XX NO	3304 CLAR	KS LA.	APT.	F #21215
aine.	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
300		OSCAR		SPIVAK		ADA	Model		LÜB	ITZ
2 medica		(AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU			. MARTHA ASP			
0	N	0		215-10-3	3742A	3304 CLARKS	LA., APT.	F BALT	O.,MD	21215
,		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one cause per	0	dicip	A		1130	BETWEEN ON	NATE INTERVAL NSET AND DEATH
eve			TE CAUSE (a)	Carol	o leas	o. Kinson			ho	
notice		44129	DUE TO, O	R AS A CONSEQUE	NCE OF	D - 5V	1 01		Sen	DG F
ranı		Conditions, If any, which gove rise to immediate	(b)	Onto	ve	Draw 37	tome +			
her		couse (a), stating the underlying couse last.	DUE TO O	RAPIA CONSTRUE	NCE OF	o contra	Jones Ve		tv	15
0 70			e	Can M	120	scxon,				
lury,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	DNIRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 110	
- Y	CERTIFICATION	190, DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	V WAS PERFORMED	20a AUTOPSY?	20h IF YES	WERE FINDING	GSTISED
30	FIC						YES NOT	IN CERTIFY	ING CAUSES C	OF DEATH?
sh d	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW INJURY OCCUR				NO []
or Item 18 shows		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	AY YEAR					
marked ar Item	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION				
ked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
E G		220.1 certify that (1) this haspi	tal) attended th	e deceased fram_		19	to	10	9	hat (I) (we) last
- 7		saw the deceased alive an		19	, on	d that in (my) (our) opinian				
ten.		above, (I) (we) (did) (did is 22b. SIGNATURE	t) view the bady	offer death.		DEGREE			22c. DATE S	
ANT: If		los lu	-111	10 mont	. 7	ATTENDING	MEDICAL STA	FF CLANIC	1/29	600
IMPORTANT	1	22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	7.0	727	22e. ADDRESS	DIRECTOR PHYSIC	,IAN []	14-1	142
MPORTANT	MR.	CTEDUEN MADO	NITC M	n		10219 DOLFII	TID DD OW	TMCC M	TITC M	n 21117
₹ -	23a B	STEPHEN MARGO URIAL, CREMATION, REMOVAL			JAME OF C	METERY OR CREMATORY	23d LOCATION	INGS MI	LLLS, M	D 21117
	(SPECIFY) BURIAL	JAN.29	,1982 BO	BROIKS	SER BENEFICIAL	L CIRCITY OF TROS	EDALE	BALTO.	MD ^{ATE}
1/81	24 FL	INERAL DIRECTOR SOL LI								
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STATE OF MARYLAND

The Court Received the second second

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. AN

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

1-16-82

21237

STATE

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FOR STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE
CEASED NAME OR PRINT)	FRANCES	J.	STARR	2a. D
Female	4. RACE	White	5. DATE OF BIRTH AMONIMST 14, 1918	6. AC
OTHER LOS				

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Baltimore, Maryland

STATE

1. DECEASED NAME (TYPE OR PRINT)	RANCES	MIDDLE	STAR			lary 27,		YEAR	26 HOUR 4:25p
1 SEX Female	4. RACE Whi		S. DATE OF			I YEARS LAST BIRTHDA	Y) IF UN	DER I YEAR	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FI	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9. BALTIM	orecity or c		DEATH	MD
Rossville	Fran	klin Squa	re He	Spital	TYPE OF WO	OCCUPATION ORK FOR MOST OF WO	RKING LIFE) II	26. KIND O NDUSTRY Hospi	F BUSINESS OR
Maryland	ng home or other institution 13b. COUNTY Baltimore	134. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET 153	ADDRESS 5 Galena	Road	2122	21
	Peter Tublow			15. MOTHER'S MAIDEN NA FIRST		ilia Aml	orosav	ich	ī
160. WAS DECEASED EVER I (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	026 16 2		Doris L. Zoe	eller	309 Wo	rton R	d. 2]	1221
Conditions, if ony, gave rise to imm couse (0), stoting underlying couse	ediote 3 the lost. (c)	PAS A CONSEQUEN	Gast	cric Ulcer wi					3)
19a DATE OF OPERAT	ION I9b. COND	ITION FOR WHICH C	OPERATION	WAS PERFORMED	20a AUT		LIF YES, WE CERTIFYING YES		GS USED OF DEATH?
OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC. 21d INJURY OCCURR WHILE NOT WHAT WORK 220.1 certify that sow the decease above the record. 22b. SIGNATURE	AUSE OF DEATH AL EXAMINER) P. 21e. PLACE (AT HOME, STI d) (did not) view the body	M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAIL de deceased from	19 RM, ETC) Januar B2, ond	EGREE ATTENDING PHYSICIAN	, to_UE	CITY OR TOWN	7, 19	B2, I from the c	STATE that (M) (we) lost causes stated
22d. PHYSICIAN'S NA	iane Lowe			22e ADDRESS 9000 Fran	klin S	Square D	rive 2	21237	

23c. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

Funeral Home PA 1407 Old Eastern Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After shauld be detached for use as the with the State Dept. of Health an IMPORTANT: If hem 21

23a. BURIAL, CREMATION, REMOVAL

Bruzdzinski

Burial

23b. DATE 1-30-82

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Nicholas T. Matthews, 3021 Eastern Ave., Baltimore B

- STATE

(VRA 15, 4)

REGISTRAR

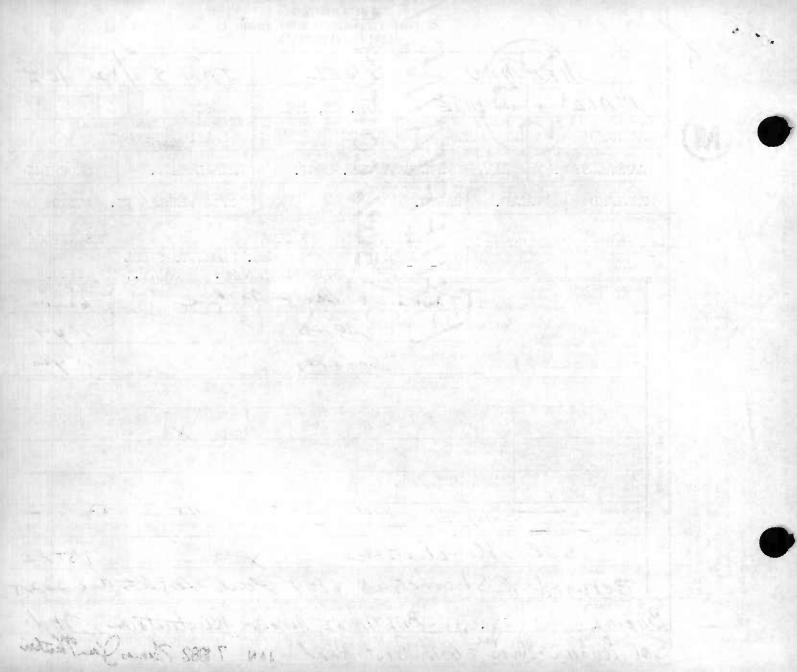
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

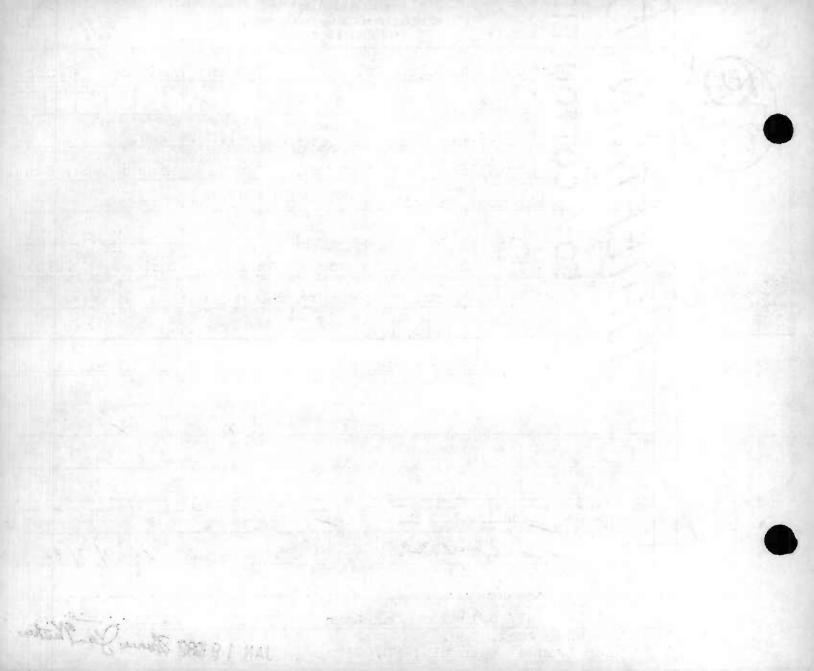
CERTIFICATE OF DEATH

REG. NO

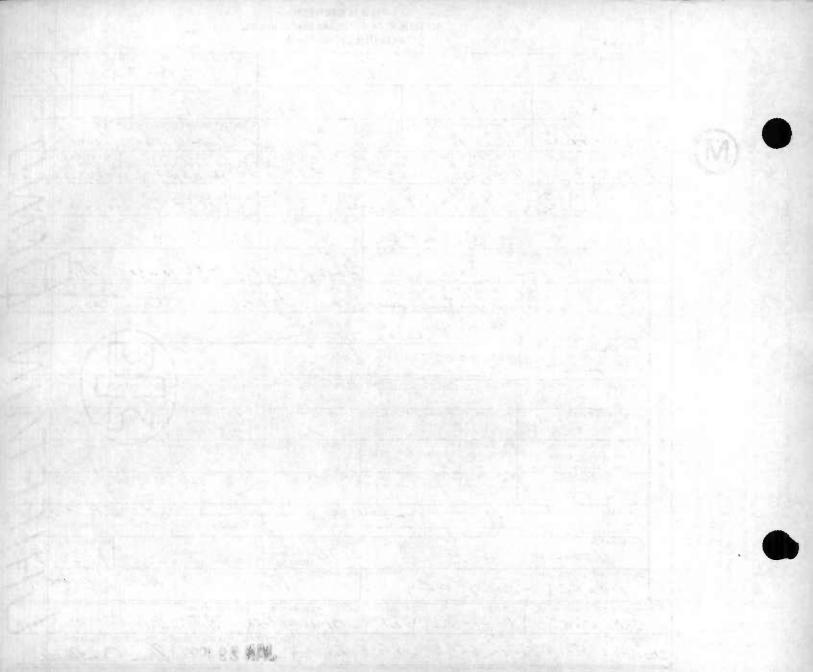
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p	h	FOR - STATE REGISTRAR			T OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 2 0	0 5 8 5
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oge 3	(TYP	SHE	RMAN)	57	EEL	JAN 5	182 10 4 M
ge 4 mc rector. p	3. SE	MALE	4. RACE			• 23, 1929	6. AGE (IN YEARS LAST BIRTHDAY) /	MONTHS DATE HOURS MIN.
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on safter of saf	. 10 C	RANDALLSTOWN		HOSPITAL, NURSING H			120 USUAL OCCUPATION (RETAIL MGMT.	12b. KIND OF BUSINESS OR INDUSTRYON
AND 212	.USU 130 N	AL RESIDENCE (IF NURSING HO) STATE IARY LAND	ME OR OTHER INSTITUTION BALTO .	GIVE RESIDENCE BEFORE ADM	ission)	134 INSIDE CITY LIMITS?	130 3714 PINELEA	RD. #21208
ithir ithir ithir ithir ithir	14. F.	ATHER'S NAME				15 MOTHER'S MAIDEN NAM		
E, MAR	160	MORRIS WAS DECEASED EVER IN U.S	JACOB	STEE1		FRIEDA 17 INFORMANT MDC	MIDDLE	ROSENSTOCK
be execution on ond control on ond c	(ES, GIVE WAR OR DATES)	218-22-832		MRS 3714 PINELE	. FLORETTE STEE A RD. BALTO.	
The death certificate the ottending physic remove carban pape emotion, or remayol, refroumatic event, the transmission of the control of the		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, O	Terner R AS A CONSEQUENCE	al of	Heart F	adure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH G
w requires that w requires that mit Then please rior to burial, c, ny injury, or oth	CERTIFICATION	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	R AS A CONSEQUENCE ONTRIBUTING TO DEAD ITION FOR WHICH OPE	IH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION G	ES, WERE FINDINGS USED
TALRE lo ricion. The lo ricion. Ite has I te has I ssi perr	ERTIFIC	21g. ACCIDENT WAS UNDERLYING					YES NO NO IN CERT	TIFYING CAUSES OF DEATH? YES NO NO
VOF VI		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH DAY	YEAR 19	THE HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM 18	, PART OR PART 2}
DIVISION OF VITAL NG PHYSICIAN; The ortending physicion of the this certificate has the burial-tronsing the ond Mental Hygier has orked or them 18 show or	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM,	ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spital or CTOR: Af for use a of Health		22a 1 certify that (I) (this because of oliving above, (I) (the (did) (de	e on 1/5/	182 19	/97 (, on	, , , ,	eath occurred on the date and ha	19 , that (I) (well ast our and from the couses stated
Y the bas AL DIREG detached are Dept.		27b. SIGNATURE	e Al	ochera		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/5/P2
O HOSPIN etained b TO FUNER hould be with the St		Betuar	1 RS	hochet.	us	22e. ADDRESS 6804 A	ank Height	5 de 21215
000 BP	15	SURIAL, CREMATION, REMO SPECIFY)	JAN . 6	177	E OF CE	METERY OR CREMATORY	23d. LOCATION Propriorious	COUNTY Master
DHMH - 16 50M 1/81 (VRA 15, 4)	3	Ol Lumba	· Biso-	- 6010 Pec	st	Raal 250. DATE	REC'D. BY REGISTRAR 256. REGIS	STRANSIGNAMINATION





				STATE	OF MARYLAND			
	1.	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HY CATE OF DEATH	GIENE 💍 🚜	0 0	58/
y be		CEASED NAME FIRST	MIDDLE	5/2	ENder	2a. DATE OF DEATH	MONTH DAY Y	ZEAR Zb. HOURS
ector po	3. SE	male	1. RACE White	5. DATE OF	BIRTH - 28-1872	6. AGE (IN YEARS LAST BI		LYEAR IF UNDER 24 HRS DAYS HOURS MIN.
deoth. Po	10. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	OB. CITIZEN OF WHAT COUN	TRY? 8 MARRIED WIDOWED	□ NEVER MARRIED □ □ DIVORCED □	1 601	OR COUNTY OF DEA	MD.
e de la companya de l	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	TRSING HOME OF	OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE) INIDE	IND OF BUSINESS OR ISTRY
1 24 hou suite in sould be considered to	USU Jan. S	AL RESIDENCE IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE RES	TOWN 1	3d. INSIDE CITY LIMITS?	13. STREET ADDRESS	Clerbar	Court 21234
ed within ond 2 second a	14. FA	THER'S NAME OUIS	AIDDLE SIEA	ider	5. MOTHER'S MAIDEN N	2/2 Kaloule	19	LAST
te be execut icion ond co ers. Poges 1 il.		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	6-6461	Henry P. W	leil 1404,	Towser.	57.
quires that the death certificate signed by the ottending physici hen please remove carbompaper to buriol, cremation, or removal. ijury, or other traumatic event, the	Z	18. CAUSE OF DEATH (Enter onl PART 1. DEATH WAS CAUSED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSI	equence of	Aclass OT RELATED TO THE TER.	MINALDISEASE OR CON	ularts	ART 1101
The low reficion. In the hos been not permit, permit, permit, permit, permit shows ony in	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CA	
'SICIAN: The certificate buriel-trought with the certificate buriel-trought premium 18 show them 18 show them 18 show the certificate buriel trought with the certification of th		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	NRT 2)
DING PHYS or ottendir After this ce os the bu olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OF		211. LOCATION STREET	CITY OR TO	OWN COUN	NTY STATE
Spitol or CTOR: A Ifor use of Health		22a.1 certify that (1) (this haspit sow the deceased alive an above, (1) (we) Idid) (did not	Tigauray 2	4 4 4		to January death occurred on the d	17	m the couses stated
ral OR / y the ho Ral DIRE detoched detoched		226. SIGNATURE Valter,			ATTENDING PHYSICIAN	MEDICAL STA	FF /	DATE SIGNED / 20/82
O HOSPITAL etoined by the Control of Should be det with the Stote		22d, PHYSICIAN'S NAME (TYPE OR	1. KEL		22e ADDRESS Mo	outhin	Mdz	111111899
BP		BURIAL, CREMATION, REMOVAL	236. DATE 1-21-82		METERY OR CREMATORY	CITY OR COUNT	county	Mary land
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR ARTIES L. STEYMS F	unexal thene, the	ESS 1501 E	, FRETAYE, 250. DA	AN 29 1922	256. REGISTRAR'S SI	GNATURE 200 Parth



K	1-	FOR STATE REGISTRAR					EALTH AND MENTAL HYG	GIENE 8 2 REG. NO.	0	0 5	පි පි
124		CEASED NAME OR PRINT)	Marga:	ret	Leona		tevens	Jan. 6.	L982	YEAR	75 A
	3 SEX	female		4 RACE Whi	te	5. DATE O		6. AGE (IN YEARS LAST BIRTHD		INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
in 72 hours dir		RTHPLACE (STATE OR OUNTRY) aryland	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED D	9 BALTIMORE CITY OR 6 Baltimore	COUNTY OF		MD
by the fulled with	Ca	ty or town of DE		(IF NOT IN SU 220'	7 Rockhave	n Av	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W operater	ORKING LIFE)	12b. KIND O INDUSTRY	BUSINESS OR
filled in hould be	13a S	L RESIDENCE (IF NUR TATE ryland	136 COUN Balt:	JTY	13c. CITY OR TOWN Catonsvil	٧	13d INSIDE CITY LIMITS? YES NO 🌋	13e, STREET ADDRESS 2207 Rockha	aven A	ve.	
ompletely I and 2 si examine	14 FA	THER'S NAME FIRST James		MIDDLE	Thomps	on	15. MOTHER'S MAIDEN NA. FIRST Rose	ME MIDDLE M.		Parr	ish
s. Pages	(1)	AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES?	213 09 60		Rosealie Gaml	334 OPITE ber Catonsvil		ryland	21228
physicie on paper emaval: event, th		18 CAUSE OF DEAT PART L DEATH V	VAS CAUSE	D BY:	r line for (o), (b), and	lick	Metast	Atte CAN	an	BET WEET C	MATE INTERVAL
ottendin ove carb stion, ar r		Conditions, if ony		DUE TO, C	DR AS A CONSEQUE	NCE OF	Coch	eroka Ma	kg.	3	no.
d by the ease remon, cremo		gave rise to im cause (a), stati underlying cause	ng the	DUE TO, C	DR AS A CONSEQUE	NCE OF			0		
en signe er Then pl er te buri y injury, s	ATION		1379				NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN	IN PART 110	
on and	S	190 DATE OF OPERA	TION	196. COND	ITION FOR WHICH O	OPERATIO	N WAS PERFORMED		Ob. IF YES, W		GS USED

Parrish Ave. e, Maryland 21228 N GIVEN IN PART 110 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO YES 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 22a 1 certify that (I) (this haspital) ottended the deceased fram sow the deceased alive an, ond that in (my) (our) opinion deoth occurred an the date and hour and fram the couses stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICHAN'S NAME 22e ADDRE 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY)
Burial COUNTY 1/8/82 Crestlawn Mem. Gardens Marriottsville Howard

STATE OF MARYLAND

DHMH - 16 50M 1/BI (VRA 15, 4)

BP

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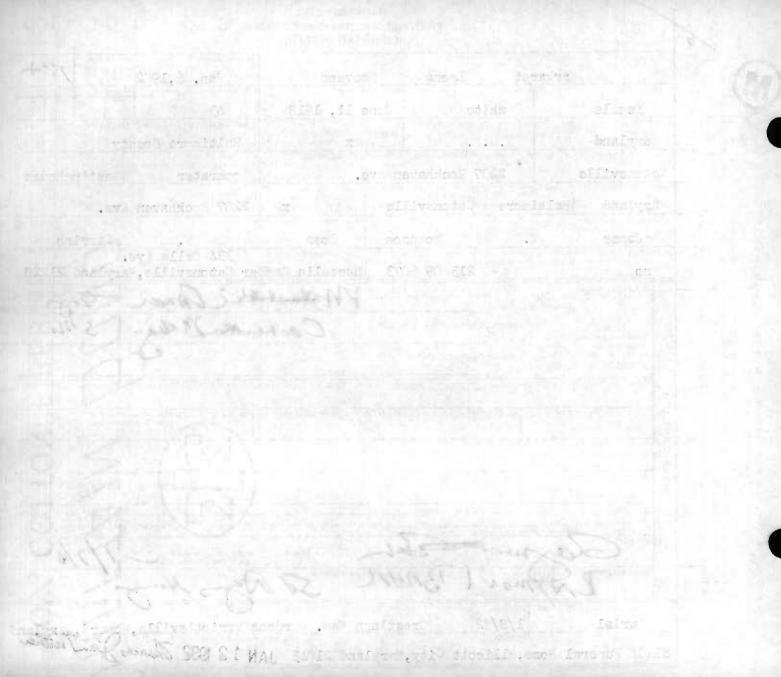
the buriol-tronsity and Mental Hygie

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morked or Item

MPORTANT:

24 FUNERAL DIRECTOR SLACK Funeral Home, Ellicott City, Maryland 21048



STATE

DECEASED NAME

TYPE OR PRINTS

REGISTRAR

unknown Mrs. Margaret Stiegler, same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEA IMMEDIATE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED N. CHARLES ST. TOWSON MD Burial 1-6-82 Moreland Mem. Park Parkville Balto. Maryland 24 FUNERAL DIRECTOR ADDRES 1050 York Rd. 250. DATE REC'D. BY REGISTRAR 256-REGISTR DHMH-16 30M 2/80 JAN Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

MONTH

82

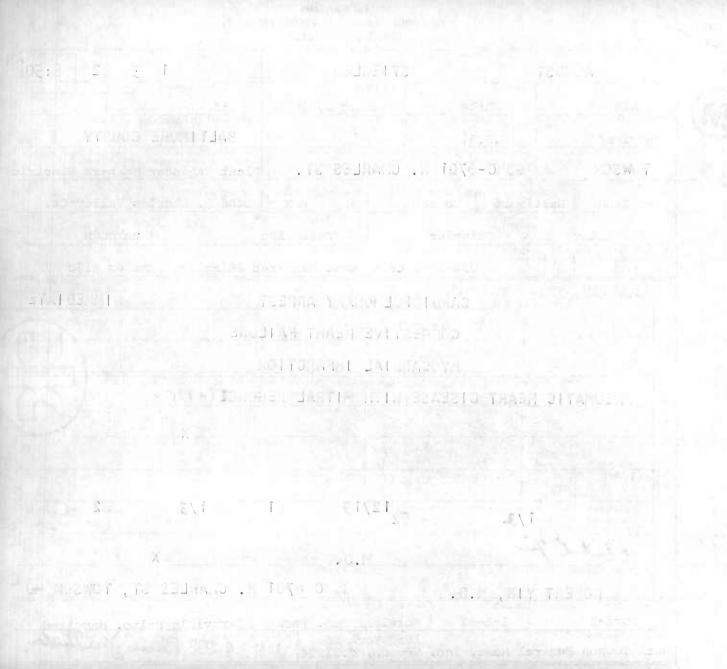
INDUSTRY

IF UNDER 24 HRS

126 KIND OF BUSINESS OR

IF UNDER 1 YEAR

2n DATE OF DEATH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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En	13	0	2

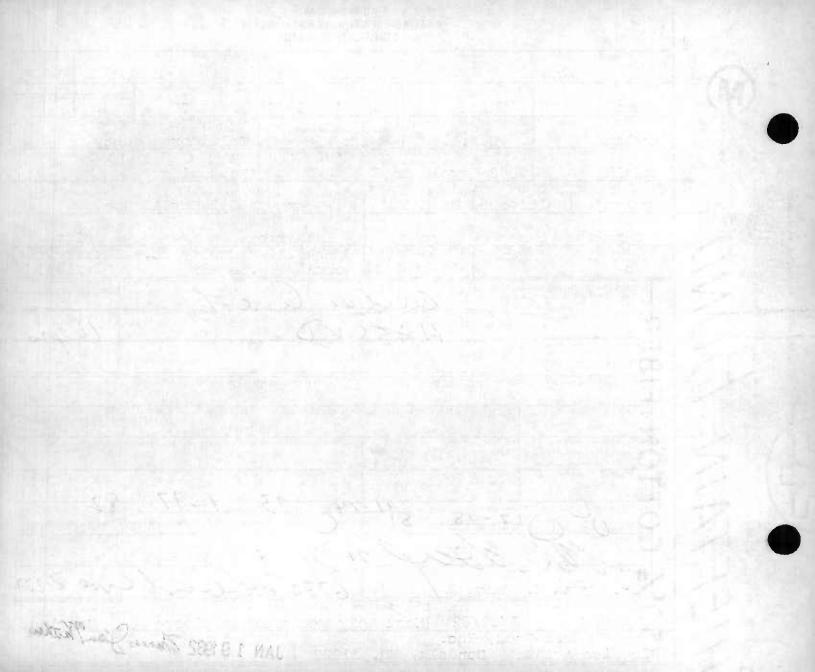
- 1		REGISTRAR			CERTIFI	CATE OF	DEATH	REG. N	0		
1		CEASED NAME FIRST		MIODLE	LA	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(117)	Lina Lina			Stie	egler			1	17 82	1
	3. SE	X	4. RACE		5. DATE O			6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	
		Female	Whi	te	5 MONTH	4 OAY	1906	75	yrs.	MONTHS BAYS	HOURS MIN.
in 1	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	□ NEVED	MARRIED -	9 BALTIMORE CITY			
		ryland	U.S	S.A.	WIDOWEI		NORCED	Baltimo	ce Co	ountv	M
Da.	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O		TITUTION	120 USUAL OCCUPAT	ION	125. KIND (OF BUSINESS OF
200	Du	ndalk		CHEACILITY, GIVE STREET				Housewi		(LIFE) INDUSTRY	
1		AL RESIDENCE (IF NURSING HON		GIVE RESIDENCE BEFORE		121 (NICIDE C					
es for			ltimore	Dundal		13d. INSIDE C	NOXX	7892 Hai	610	Road	
		ATHER'S NAME					S MAIDEN NA	ME	Ola	nouu	
56		Charles	MIDOLE	Hoyt	1000	Ca	therin	WIODIE		Kr	iss
1		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.			Macauley	Ct.		
V		NO NO (IF YES	GIVE WAR OR DATES)	219-14-				.Bendix	00.		21093
		18 CAUSE OF DEATH (Ente	r only one couse per				()				XIMATE INTERVAL LONSET AND DEATH
		PART I. DEATH WAS CA	JSED BY:	10	1	101	(/	0 1		BETWEEN	ONSEI AND DEATH
		40 - C	NATE CAUSE (a)			2.6	a l	WAI			13-7
	- 5	1007	DUE TO, O	R AS A CONSEQUE	NCE OF	21/	1			//	Das.
		Conditions, if any, which gave rise to immediate	(p)_	17 1	75					16	you
		couse (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	AUT.					/
			(c)								
	z	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT N	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION G	GIVEN IN PART 1	lai
-	ATION	190. DATE OF OPERATION	In conin		0050.710.			To a series and a series	T		
6	FICA	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFC	DRMED	200 AUTOPSY?	IN CERT	'ES, WERE FINDI	NGS USED S OF DEATH?
1	CERTIFIC							YES NO		YES 🗌	NO 🗆
4	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		PFINJURY M. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	8 PART I OR PART 2)	
1	CAI	(IF EITHER NOTIFY MEDICAL EXAM		M.	19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	APM FIC)	21f LOCATIO		CITY OR TO	WN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK		ter, racioni, office, fi	ANTH, CICI	44.			17	00	
-		22a I certify that (I) (this ha	spital) ottended th	e deceased fram_	11-	14	. 19 / 5		1	1986	, that (I) (we) los
	- 5	sow the deceased alive obove (1) we) (did) (did	on / 2 -	19 2	, and	that is (my)	(aur) opinion o	death accurred an the d	ote and he	aur and from the	e couses stated
		22b. SIGNATURE	ndi view me oddy	after peath.	-2 D	EGREE -				22¢ DATE	ESIGNED
		1111	1/1/1	0/1	// 6	mil	TTENDING	MEDICAL STA	FF		
1	1	22d. PHYSICLAN'S NAME (1)	PE OR PSHNI)	709	- 1	22e. ADDRES		DIRECTOR PHYSIC	IAN []		
		No. of the last of			- 2.7	17	7274	of of	-1	Charle	2177
		Dr. Wyman				61	20 A	macon	1		- (00
		BURIAL, CREMATION, REMOV				METERY OR		23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	1/20	/82 Mo	st Ho	DIV RA	edeeme	r Baltimo	re	- Ma	and land

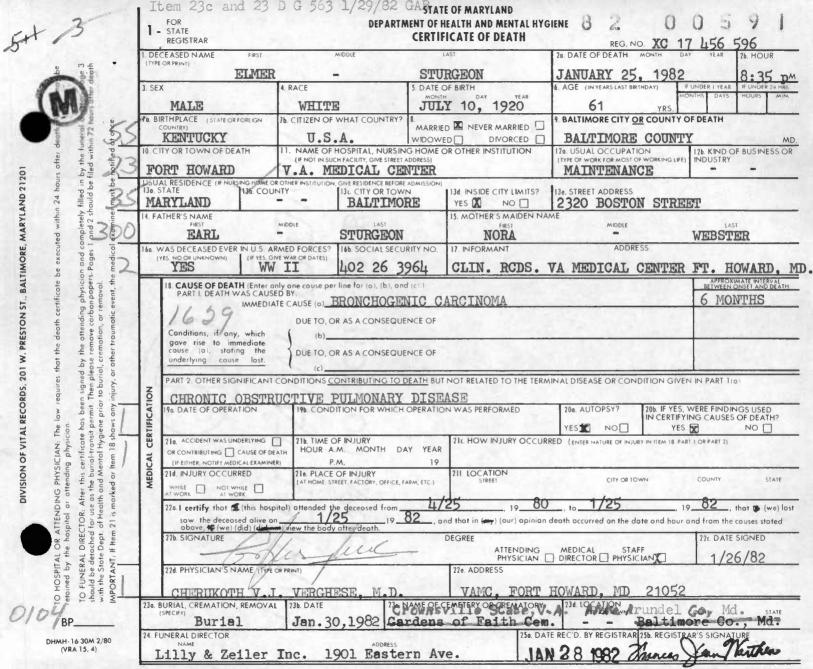
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral di should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

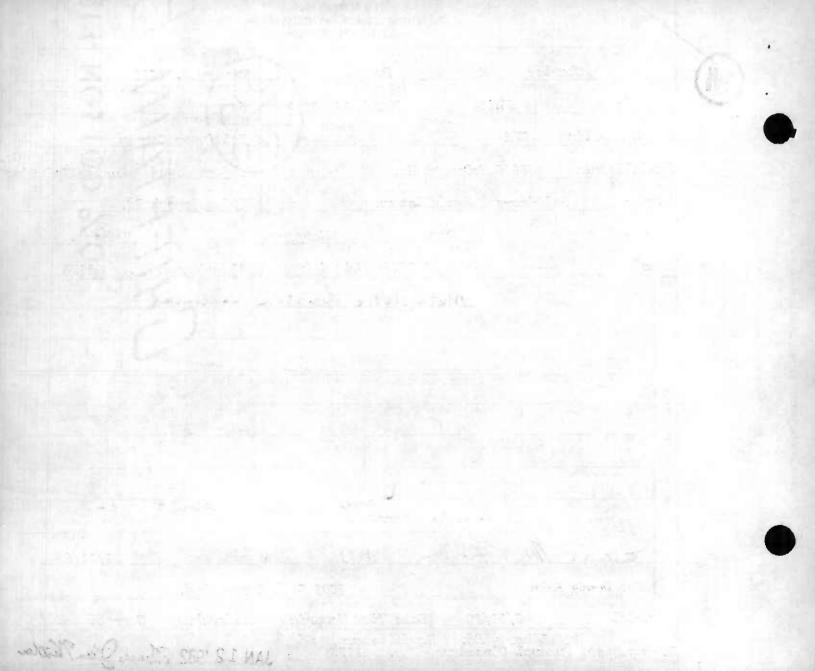
74 FUNERAL DIRECTOR Duda-Ruck, Inc., ADDRESS 7922 Wise Avenue Dundalk, MD. 21222

JAN 19 1982





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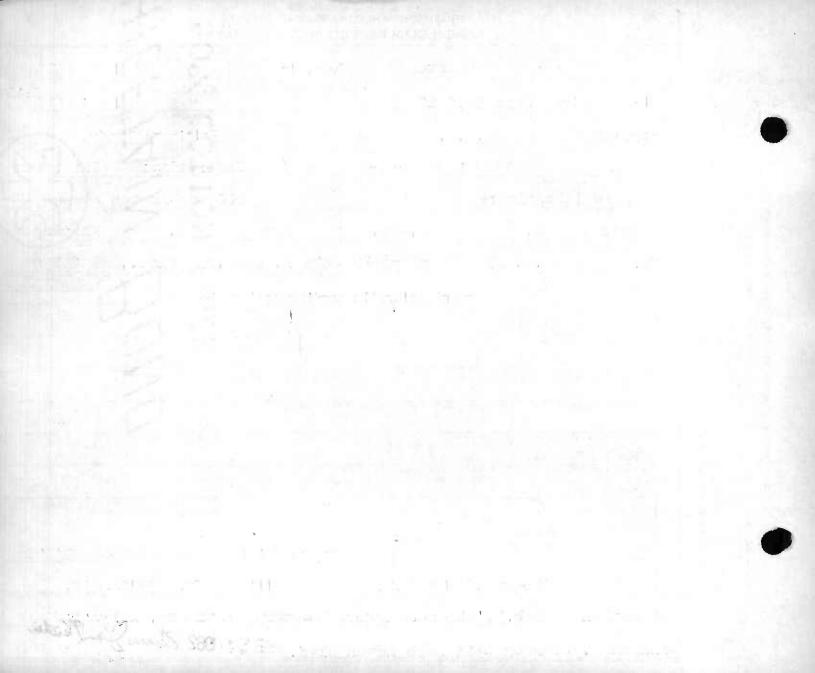
THE RESERVE OF THE PARTY OF THE A STATE OF THE STA 12 121 14 14 14 AND THE RESERVENCE OF THE PROPERTY OF THE PROP

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-Swearingen, Charles DEATH MATED 1982 A. 5. DATE OF BIRTH SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS H HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED DAY DEAD 1982 Male 1922 59 White 30 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County U.S.A. WIDOWED [DIVORCED West Virginia ID. CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Police Officer Beth. Point teel Corp. Dispensary Iron-Steel RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13a. STATE 13c CITY OR TOWN 33d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Dundalk Maryland 6906 Delvale Place YES NO OF STAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ot. GES 1, LAST FIRST MIDDLE Effie Swearingen Stevens FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMAN 6906 Delval Place - Balto. DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) PAGES 235-20-9151Charlotte G.Swearingen WITH MD. WW Yes CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last OR CREMATION, OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). **IFICATION** 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES NO [PRIOR IO PET BE CERT 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 10 3 SH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK Inspection 22a. I certify that I took charge of the remains described above, held on Autapsy and in my apinion DIRECTOR: ARYLAND death resulted from Accident Suicide Homicide Undetermined monner TITLE (SPECIFY ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH. DATE R DEATH, IMORE, M. 2 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23g BURIAL CREMATION REMOVAL 23d. LOCATION COUNTY 1/15/1982Gardens Of Faith Maryland Buria Baltimore BP 24. FUNERAL DIRECTOR Duda-Ruck Appr Inc. 75a, DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 7922 Wise Avenue Dundalk, MD. 21222 30M 7/73

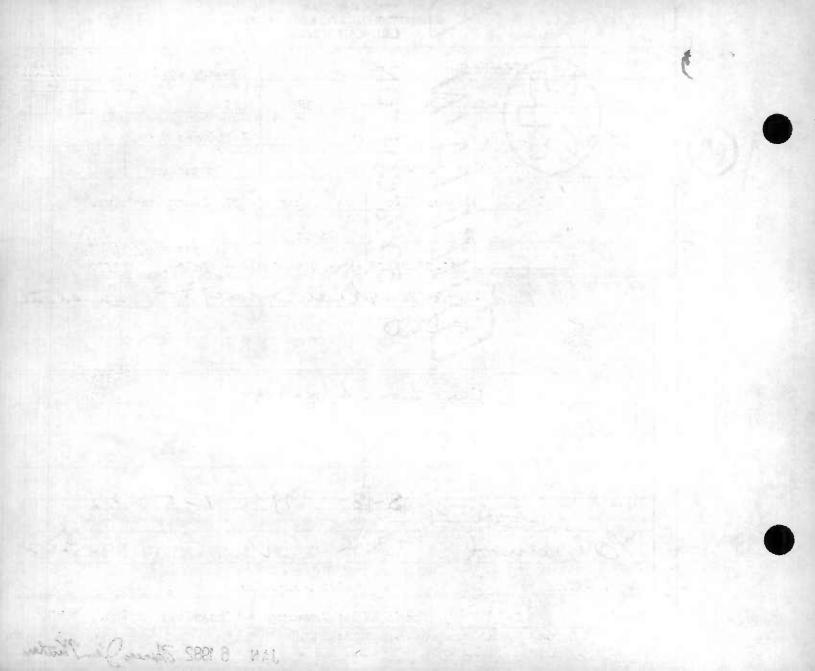
to the first a soling. acts 20 1922 Es Walliagore County Particular Point Petty - corp. Party Partice United Inter- 1959 Inter- Party The state of the s 12.10-01-31.2

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 2a DATE MONTH YEAR (TYPE OR PRINT) ESTI-Chester DEATH MATED X George Swem. Jr. 29 19 82 2d. HOUR 3:15P 4 RACE IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. DATE LAST BIRTHDAY) PRONOUNCED DEAD June 17,1922 White 59 YRS 1982 Male TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED [DIVORCED Baltimore County: LHEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE OF HEALTH AND STOTHER HUSED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS. 2011 MISSION OF 120 USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Underwriter 600 Washington Insurance Towson USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 600 Washington Avenue 13d. INSIDE CITY LIMITS? Baltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME E. MIDDLE Anna Keating FIRST George Swem, Sr. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 216-12-5629 W.W. John L. Swem, II Balto., MD 21239 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INER: THIS COLOR WRITING THE CHIEF ME F FORWARDED TO THE CHIEF ME FOR PAGE 3 SHOULD BE USED A! 19a DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [210 EXTERNAL CAUSE WAS 715 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY CATHOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORWARD **TO FUNERAL DIRECTOR:** PAGE AFTER DEATH, WITH THE STATE I MARYLAND, 27s. I certify that I took charge at the remains described above, held on Autopsy Inspection and in my apinian Inquiry Undetermined monner TITLE (SPECIFY) ACTUAL Deputy ChiefMEDICAL EXAMINER DATE 2/2/82 SIGNATURE TIMORE, EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto. MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryl Cremation Feb. 3, '82 Green Mount Cemetery BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTR **DHMH - 17** William E. Johnson 8521 Loch Raven Blvd (VR A15 ME (5) 15M 2/80



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- STATE

REGISTRAR

HMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR

ELKRIDGE, MARYLAND

22c. DATE SIGNED

115/02

2b. HOUR

4:53

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

YES [

1-8-PERSONAL MARKET AND A STANDARD OF THE STANDARD SENTINGIES SOSSOAL . LACESON SUSPENSED AVENUE 100101326 SIMPLY L. TEMER 7916 ROBELAKIS 1-19-82 PEARON IIIE CHE. RIMMINE, NEW ISSUE AND A STREET OF THE COURSE OF

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH						

2 000000

CERTIFICATE OF DEATH	REG. NO.	0 0	
Thiel	20 DATE OF DEATH MONTH 1-29-82	DAY YEAR	26 HOUR 4:10 A
5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.

3. SEX 4 RACE Female White

U.S.A.

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

5-22-6968A

8-9-1900 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

Balto. Co.

126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE

LAST

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Balto. Valley View Nursing Home

MIDDLE

(IF YES, GIVE WAR OR DATES)

Annette

ASUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN HE CITY OR TOWN Md. Balto.

WIDOWED

13d. INSIDE CITY LIMITS? YES X NO [15. MOTHER'S MAIDEN NAME

DIVORCED

13e STREET ADDRESS 3318 Echodale Ave.

Milburn

Robert

(YES, NO OR UNKNOWN)

4. FATHER'S NAME

BIRTHPLACE (STATE OR FOREIGN

Md.

10 CITY OR TOWN OF DEATH

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTI

LAST Taylor

MIDDLE

A.

76 CITIZEN OF WHAT COUNTRY?

Corrine 166 SOCIAL SECURITY NO

ADDRESS 17. INFORMANT

Helen M. Hastings, 2819 Pinewood Ave.

MIDDLE

PART I. DEATH WAS CAUSE	nly one couse per line or (a), (b), and (c) D BY: TE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
4366 Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF				
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 neumona 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

19a DATE OF OPERATION

21d INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

AT HOME, STREET, FACTORY OFFICE FARM, ETC.)

21e PLACE OF INJURY

NOF YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

sow the deceased alive on.

'EN UPO, D.

22e ADDRESS

ATTENDING

22c. DATE SIGNED

Gracito Patricio, M.D.

220.1 certify that (I) (this hospital) attended the deceased from

obove, (1) (we) (did) (did not) view the body ofter death

2926 E. Cold Spring La. 23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

Holu Redeemer

21f LOCATION

23d. LOCATION CITY OR TOWN

COUNTY

STATE

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1

(SPECIFY)

CERTIFICATION

MEDICAL

Item 18

OF

MPORTANT:

0

(VRA 15, 4)

BP.

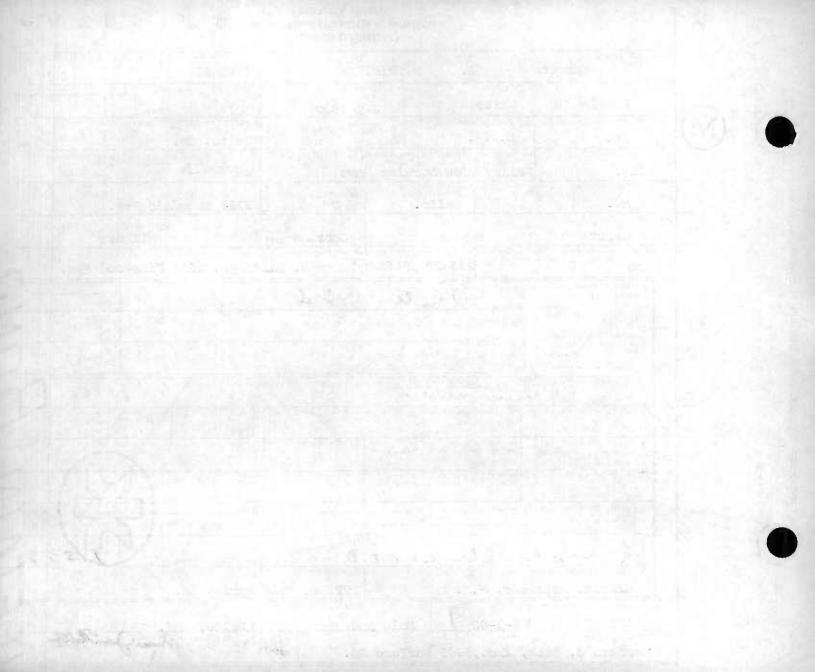
Leonard J. Ruck, Inc., 5305 Harford Rd.

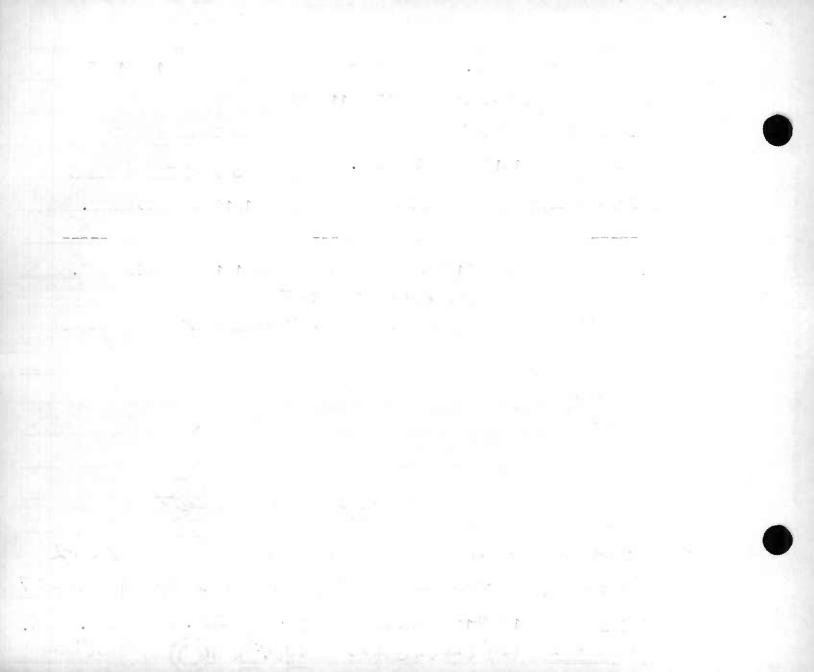
2-1-82

23b. DATE

Balto.

PHYSICIAN DIRECTOR PHYSICIAN





6	1-	FOR STATE REGISTRAR	STATE OF I DEPARTMENT OF HEALTI MEDICAL EXAMINER'S		the same of	002
20036		CEASED NAME FIRST CARRINT) CARRE A DATE OF	77	CHI TON NDER I YR. TIF UNDER 24 HRS	20. DATE KNOWN AMONTH	19 T M
		FEMALE WHITE MAY INTHPLACE (STATE OR 76. CITIZE	13 1914 CTYRS. MONT		26. DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUN	271082 130
S NECES FUNER W PREE	M	aryland USA	MARR	VED NEVER MARRIED ON DIVORCED	BALTIM U UAL OCCUPATION (TYPE OF WORK	RECO MD.
21201 ANY DELAY IS. AND 3 TO THE RETAIN PAGE FILED RECORDS, 201	R	OSSVILLE (IF IN NURSING HOME OR OTHER INST	THE SCHEDULLY GIVE STREET ADDRESS)	JARE HESP FOR	MOST OF WORKING LIFE	OR INDUSTRY Stess
D. 21201 IF ANY DELA I. AND 3 TO SHOULD BE I. RECORDS,	13a, S	TATE D 136. COUNTY BALT	CUSTON OR TOWN	13d. INSIDE CITY LIMITS? 13e. STE YES NO STE	56 URUILL	ERO
DEATH. MICH PARTH. MICH PARTH. AND 2	0	James WAS DECEASED EVER IN U.S. ARMED FORCE	Mohr ES? 1166. SOCIAL SECURITY NO.	Minnie 17. INFORMANT	ADDRESS	Martion
II., BALTIMORE, MD. 2 JURS AFTER DEATH. IF, IR. GINE PAGES 1, 2, IR. SWITH FORM PM. 3, IR. MIT. PAGES 1 AND 2 SH. MIT. PAGES 1 AND 2 SH. E. DIVISION OF VITAL R.	100	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATE:	219-07-8266		dinale 3728 S	Sylvan Drive
W. PRESTON S WITHIN 24 HG WITHIN 24 HG AINCE ALONG REANSIT PERA VIAL HYGIENIN		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUI Conditions, if any, which gave rise to immediate couse (o) stoting the under- lying cause last.	ETO, OR AS A CONSEQUENCE OF ETO, OR AS A CONSEQUENCE OF C)		VAICULAR	BETWEEN ONSET AND DEATH
WITAL RECORDS, 2011 SHOULD BE EXECUTED ORD "PENDING" IN PR CHIEF MEDICAL EXAN E USED AS A BURIAL- T OF HEALTH AND MEI URIAL, CREMATION, O	CERTIFICATION		CONDITION FOR WHICH OPERATION W			20. AUTOPSY? YES NO NO
	MEDICAL CERT	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 216	P.M. 19 PLACE OF INJURY (ATHOME, 211. LC	OW INJURY OCCURRED (ENTER OCATION STREET	NATURE OF INJURY IN ITEM 18 PART I OR PA	
CAL EXAMINE CERTIFIC		27a. I certify that I taak charge of the reg death resulted fram Notural causes ACTUAL SIGNATURE	Accident , Suicide	Hamicide Under	Inquiry and in my or termined monner.	1/27/82
TO MEDI EXECUTE PAGE 4 TO FUNI AFTER DE BALTIMO	23n F	EXAMINER'S NAME PALL (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 23b. DATE	123C NAME OF CEMETERY	ADDRESS COCK		02/030
DHMH-17 (VR A15 ME (5)) 15M 2/80		Burial 1/29 UNERPAL DIRECTOR NAME COCARD FH	/82 Zion Luth.	Ch. Cem. Gol	OCATION ORTOWN Ring Ball YREGISTRAR 25b. REGISTRAR'S 1982	IGNATURE

the promise I would no to be and the profit of the State of the State

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENT
STATE REGISTRAR	CERTIFICATE OF DEAT

Black

76. CITIZEN OF WHAT COUNTRY?

USA NAME OF HOSPITAL, NURSING

STATE OF MAKTLAND						
PARTMENT OF HEALTH AND MENTAL HYGIENE	2					
CEDITIFICATE OF BEATU						

CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Thornton	1	18 82	10:30A
5. DATE OF BIRTH MONTH DAY YEAR 9 24 09	6 AGE (INYEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
8 MARRIED □ NEVER MARRIED □ WIDOWED □ DIVORCED ▼	Baltimore Cou		MD
HOME OR OTHER INSTITUTION DORESS) 121204	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
DMISSION 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA.	13e STREET ADDRESS 610 Reservo	oir St.	

206		Towson	GBMC	6701 N. Charle	s St. 21204	TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY
35	130. 3	MD	NG HOME OR OTHER INSTITUTION 13b COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS 610 Reserv	oir St
Semine C		ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA/ FIRST Mary	ME MIDDLE	Thornton
e medico		NAS DECEASED EVER IF YES NO OR UNKNOWN) NO	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	N/A	Russell F	Moore 610	Reservoir St.
injury, or other traumatic event, the medica	NOI	Conditions, if any, gave rise to immercause (a), stating underlying cause	which ediote the lost. (c)	Metastatic Car R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF DISTRIBUTING TO DEATH BUT		ast INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
18 shows any	CERTIFICATION	19a DATE OF OPERATI	ON 196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18. PART 1 OR PART 2)
arked or	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	E T TAT HOME STI	OF INJURY REET, FACTORY OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
MPORTANT: If Item 21 is marked or Item		sow the deceased	d) (did not) view the body	8 19 82 , on ofter death.	DEGREE	, to 1/18 depth occurred on the date and	19_82_, that (I) (we) lost hour and from the causes stated 22c. DATE SIGNED
Z -		22d. PHYSICIAN'S NA	7	iols h	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/18/82
MPORT		S. Jaco	bs, M.D.		6701 N. Cha:	rles St. 21204	1

COUNTY

S. Jacobs, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE

230 NAME OF CEMETERY OR CREMATORY

Granville Ch.

6701 N. Charles St. 21204 23d LOCATION
CHY CO TOWN
OXFORD

NC

Burial 24 FUNERAL DIRECTOR

1. DECEASED NAME (TYPE OR PRINT)

Female

To BIRTHPLACE (STATE OR FOREIGN

N.C.

3. SEX

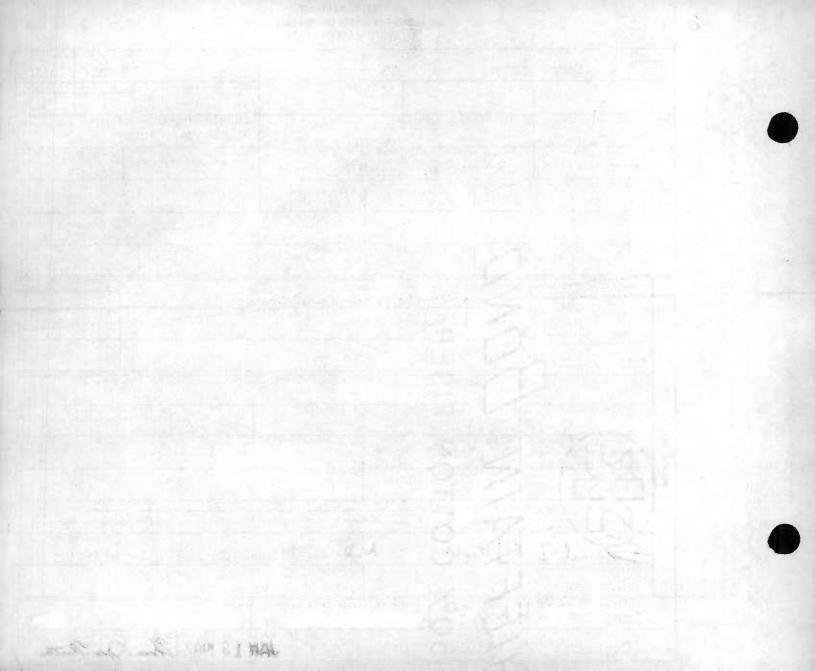
Emma

4 RACE

1/23/82 Wm. "C. March F/H 1101 E North Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR



Baltimore County 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY E.D.P. News Ser 153-C Versailles Circle Balch Mrs. Rebecca E. Traskey Same as #13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PRESTATE MOS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21E. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (au) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Burial Cockeysville, Maryland Jan. 14, 1982 Dulaney Valley Cem. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 251 AFC ISTRAR SSIGNATURE 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

26 HOURQ .

IF UNDER 24 HRS

IF UNDER 1 YEAR

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

REGISTRAR DECEASED NAME

....U Site of the land of the Commission around to 25 S CHEE | S. C. E A Line of Mensellies Carele ur, had de pro little and little Joint Ladonlin percuri .a limit THE REPORT OF THE PERSON OF TH Buriol Coleraville, No. 1952 Bullons Valley Co. Coleraville, Naryland

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH YEAR 2b. HOUR (TYPE OR PRINT) =RANK F REGO 30 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYFAR IF UNDER 24 HRS MONTH YEAR MALE WHITE 7a. BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY IMORE WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRESTON ST., BALTIMORE, MARYLAND 21201 CKERS GILL PIAND +UNI-1 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Towson 615 Chestnut Ave. NOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE PHILIF TREGOR R1-60 12 160 WAS DECEASED EVER IN U.S. ARMED FORCES Pages 16b SOCIAL SECURITY NO. 17 INFORMANT dic (YES, NO OR UNKNOWN) LIFYES, GIVE WAR OR DATES) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. ene brovascular Da delas DUE TO, OR AS A CONSEQUENCE OF Y. 23 . . 1717 4 MADIUE Canditions, if any, which gave rise to immediate 712-2354 cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 **IFICATION** a Mellitus 12 bul 65 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď IN CERTIFYING CAUSES OF DEATH? ene shaws NOF YES [NO [burial-transit p Mental Hygie 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED ö 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE marked NOT WHILE AT WORK WHE 220.1 certify that (* (this hospital) attended the deceased fram. that We (we) last 311 ond that in (my) (apinian death occurred an the date and hour and from the causes stated saw the deceased alive an. abave, ((we) (did) (did not) view the body after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 30/82 TO FUNERAL D should be detail with the State D PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSIQIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 201 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIE) Cremation Maryland Baltimore, Feb. 1, 1982 Loudon Park Crematory BP. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 DEGISTRAR'S SIGNATURE ADDRESS 1050 York Road DHMH - 16 50M 1/76 (VR A 15 (4)) Towson, Md. 2120 4 Ruck Towson Funeral Home, Inc.

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Burgee Funeral Home 3631 Falls Road 21211

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENF

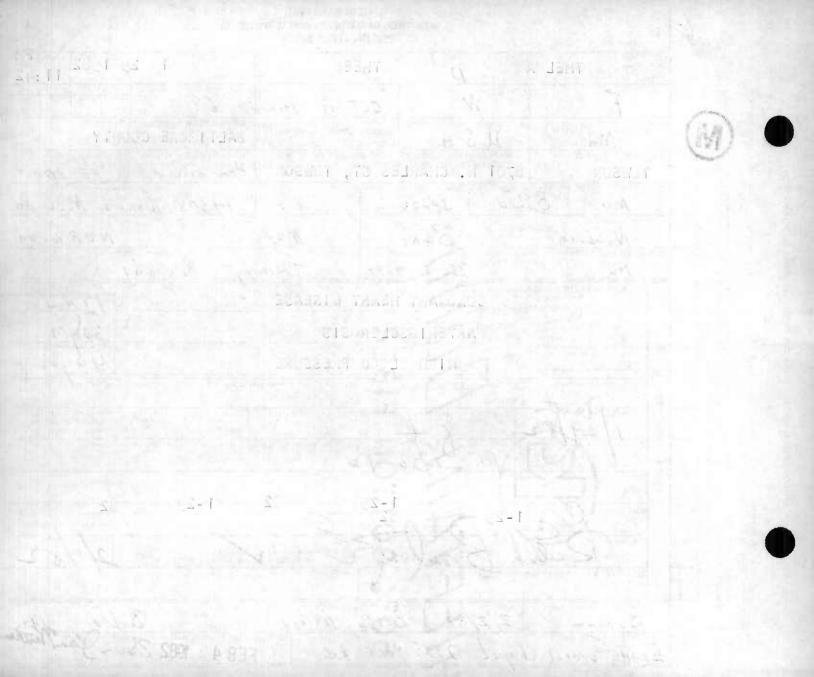
CERTIFICATE OF DEATH

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e 4 may ctor, pag s ofter de	3. SE	× Female	4. RACE	te	5. DATE O	ber 24, 1907	6. AGE (IN YEARS LAST BI	YRS.	INDER I YEAR	IF UNDER 24 HRS
THE SOL		70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Randallstown		7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Randallstown Nu		NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County			445
9	10. C					ROTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINES (1YPE OF WORK FOR MOST OF WORKING LIFE) Tele. Operator C & P Tele			
Charles in	13a.	AL RESIDENCE (IF NURSING STATE 13)			FORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 6110 Burn			
mplerely and 2 sh	14. F	ATHER'S NAME FIRST Alison	WIDDLE	Richardso		15. MOTHER'S MAIDEN NA FIRST Catherine	MIDDLE			LAST
n and ca Pages I		VAS DECEASED EVER IN (1985, NO OR UNKNOWN) (1	J.S. ARMED FORG FYES, GIVE WAR OR DA			17. INFORMANT3210 Mrs.Edwin D				AATE INTERVAL NSET AND DEATH
v requires that the ceen signed by the ceen signed by the ceen rior to buriol.	ATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 20th AUTOPSY? 20th IF YES, WERE FINDINGS USED								
NG PHYSICIAN: The law require of the control of the certificate has been signed to the buriol-transit permit. There is the buriol-transit permit. There is no and mental Hygiene prior to borked or them 18 shows any injur	CERTIFICATION	21g. ACCIDENT WAS UNDERL		IME OF INJURY	ien of Ekanor	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYIN	G CAUSES	OF DEATH?
G PHYSICIAN: T canding physici set but certificate set has certificate on Americal-transis and Americal hygical or them 18 should be set on them 18 should be set on them 18 should be set on the set	MEDICAL CI	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL INJURY OCCURRED	SE OF DEATH HOLE EXAMINER) 21e. P	P.M. LACE OF INJURY DME, STREET, FACTORY, OFFI	19	21f. LOCATION	CITY OR TO		COUNTY	STATE
R ATTENDING hospital or att RECTOR. After hed for use os the ept. of Health or them 21 is morken	2	while NOT While AT WORK 220. I certify that (I) (the saw the deceased a obave, (I) (we) (did) 22b. SIGNATUR	is hospital) attendalive on	ded the deceased fro	m F 2 an	d that in (my) (aur) apinion	, to	3), 19, late and haur as	nd from the c	SIGNED
O HOSPITAL O Petoined by the TO FUNERAL D should be detected with the Store DD IMPORTANT: If I		22d. PHYSICIAN'S NAMI	(TYPE ORPRINT)	ing =		22e. ADDRESS	MEDICAL STA	CIAN		28182
O BP		BURIAL, CREMATION, REA (SPECIFY) Burial	MOVAL 23b. DA	TE 2		METERY OR CREMATORY Park Mausolet	23d LOCATION CITY OR TOWN Baltimor		Maryl	state and
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR 1	630 Edmo	ndson Aye.	, Caton	sville, Morso. DAT			NE SIGNATI	Wathen

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STATE OF MARYLAND



MIDDLE

K.

Field Office Manager 3908 Dance Mill Road Gardner Mrs Elma A. Vail, Same As #13e APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 10629 York Road, Cockeysville, Md. 21030 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Parkville, Balto., Maryland Moreland Memorial 1-23-1982 24 FUNERAL DIRECTOR 1050 York Rd. 250 DATE REC'D. BY REGISTRAR 256 REGISTRA Ruck Towson Funeral Home, Inc. Towson, Md. 21204 IAN 26

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

DAY

IF UNDER I YEAR

January 21,1982

2h HOUR

12b. KIND OF BUSINESS OR

LAST

Vail

STATE

(TYPE OR PRINT)

REGISTRAR . DECEASED NAME

FIRST

Howard

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

Items 21a. thru 21f.

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

UNKNOWN

2a. DATE OF DEATH

2h HOUR

12h KIND OF BUSINESS OR

MARYLAND

IF LINDER TA HES

82

5543 OAKLAND ROAD

DATE REC'D. BY REGISTRABLESS. REGISTRAR'S SIGNATURE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (our) opinian death accurred an the date and haur and from the causes stated

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF

CERTIFICATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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(TYPE OR PRINT)

REGISTRAR DECEASED NAME

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					1,000			

Wm C. Brown Comm F/H 1206-08 W. North Ave.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28. DATE OF DEATH MONTH 2b. HOUR STYPE OF PRINTS January 22, 1982 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126 KIND OF BUSINESS OR 13. Speen appresser Court 21220 18 Bledsoe Court APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cardiopulmonary Arrest; Carcinoma of Lung PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY

> 22c. DATE SIGNED 1-22-52

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNA

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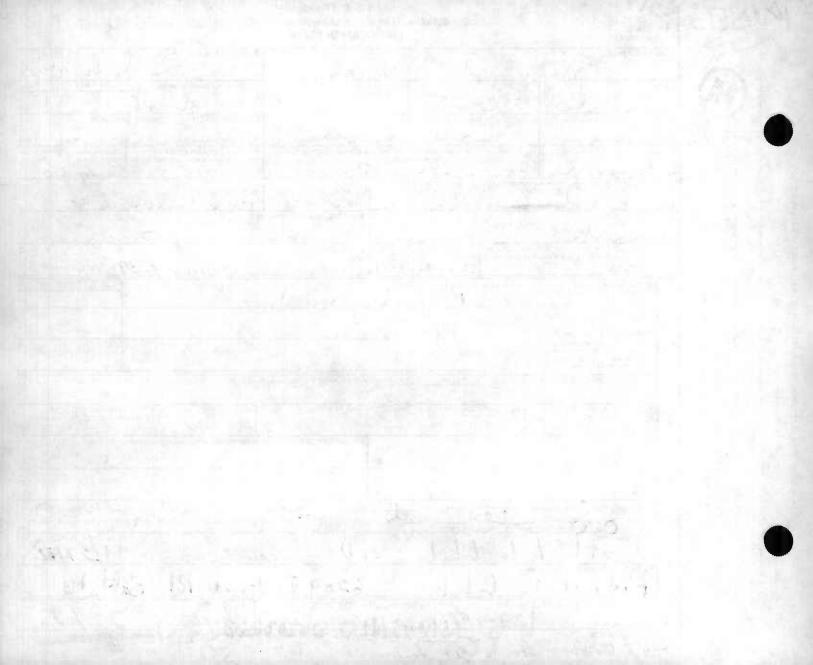
Maryland

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) Gentry Chilton Waldo 13 82 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) *64 dh. Male White 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED Texas USA Baltimore County DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE ENGINEER Broadmead Cockeysville Maryland Cockeysville inside city Limits? 130 13801 York Road Baltimore 4 FATHER'S NAME Gentry Waldo Corinne Afton Abercomb 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 011-10-5146 Mrs. Emily Waldo. Same WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE YES [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21f LOCATION

WHILE NOT WHILE 22a.1 certify that (1) this hospital) attended the deceased from and that in my (our) opinion death occurred on the date and hour and from the causes stated

DEGREE ATTENDING 1 MEDICAL STAFF DIRECTOR PHYSICIAN

22e ADDRES

23a BURIAL, CREMATION, REMOVAL Balto. 1/14/82 Green Mount Cremation

Henry W. Jenkins & Sons Co.

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

4905 York Road Balto., Md. 21212

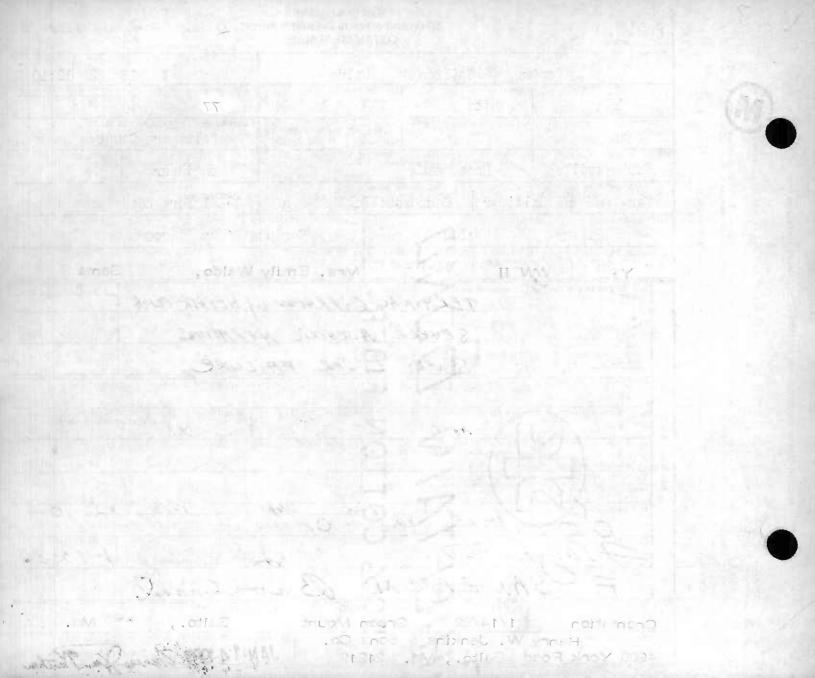
21d. INJURY OCCURRED

COUNTY

STATE

STATE

Md.



DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLA BEALTH AND A TICATE OF D	MENTAL HYG	IENE Ö	REG.	NO.) () 6	1 6
		CECEASED NAME FIRST PE OR PRINT) SISTER		SALIA W		AST		2a. DATI	OF DEATH	MONTH 1	21	182	5:45A
	3. SE	FEMALE	4. RACE CAU		5. DATE C		1896	6. AGE 85	(IN YEARS LAST	BIRTHDAY)	MON	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED			9 BALTIMORE COUNTY OF DEATH BALTIMORE COUNTY				
6		TOWSON	GBMC-6	701, SIN TREET	CHAR	LES S	T		Nal Occupa Work for Mos Nun		IG LIFE)	IZE KIND C INDUSTRY Rel	igion
5	130. 3	AL RESIDENCE (IF NURSING HOME OF STATE 13b COL 13b COL 13b COL 13c COL	INTY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW TOWSON LAST	e admission) /N		ITY LIMITS? NO X	100	EET ADDRES		oa R	ld. T	owson
	16a V	William WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	E	Walsh 166 SOCIAL SECU 220-54-		M 17 INFORMA	ary		ADD	Con	001	l W.	Joppa R
	TION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OI (b) I DUE TO, OI LC) CONDITIONS CC	R AS A CONSEQUI	ENCE OF ENCE OF	HAGUS NOT RELATED					GIVEN	17	HOURS
7	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH	OPERATIO			YES [IN CER	YES [OF DEATH?
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 220. I certify that (I) (this hosp saw the deceased alive a above. (I) (we) (did) (did n 22b. SIGNADIRE 22d. PHYSICIAN'S NAME (179E	21e. PLACE ((AT HOME, STR	M. MONTH DAM, DF INJURY EET, FACTORY, OFFICE, F e deceased from	19 SARM, ETC.) 1-2 32, an	21f. LOCATIO STREET d that in (my) DEGREE	(our) opinion d	, to leath occu	1-21	own date and h	, 19_	COUNTY	
		STEPHEN W. BURIAL, CREMATION, REMOVA	SEIBER		NAME OF CI	GBM(C-6701	23d LC	CHAR DCATION CITY OR TOWN			OUNTY	STATE
	24 FU	urial UNERAL DIRECTOR EMMON - Mitchel	1/23/			t Cem Padoni	250. DATE	REC'D. E	owson y registra 5 1982	R 25b. / S			04

5:45A	21 182			HSTAM	OSALIA	ER MARY R	SISTI
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IMPORTANT: If them 21 is morked or Item 18 shows ony

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STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPA		EALTH AND ME		IENE 💍	REG. NO	Ü	UO	1 5
	CEASED NAME	FIRST		MIDDLE	- L	AST		20. DATE OF E			DAY YEAR	2b. HOUR
(TYPE	E OR PRINT)	Mary	Μ.	War	rfield			January	y 15.	1982		11:35a ^
3. SE	×		4. RACE		5. DATE C			6. AGE (IN YEA		HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female		White		Feb.		YEAR 7	60		YRS.	ONTHS DAYS	HOURS MIN.
70 B	IRTHPLACE (STAT	E OR FOREIGN		WHAT COUNT	RY? 8			9. BALTIMOR	E CITY OF		OF DEATH	
M=	aruland		U.S.A.			NEVER MA	RCED	Baltin				
	ITY OR TOWN OF	DEATH			RSING HOME O	R OTHER INSTITU		120 USUAL O				OF BUSINESS OR
	ossville		Frank	Hin Squa	are Hosp			House	or most of wife	WORKING LIFE	INDUSTRY	
	al residence (# STATE TY Land	NURSING HOME OR O	OTHER INSTITUTION TY	BATTE		13d. INSIDE CITY YES N		3511 E	DDRESS , NOI	thern	Parkw	'ay
	THER'S NAME	N	AIDDLE J.	'K	lein	15. MOTHER'S M			MIDDLE		Voi	th
No.	WAS DECEASED E SES, NO OR UNKNOWN	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL S 220-20-		17 INFORMANT Karl Ay		5 Houcks	ADDRES			on, Md.
ATION		immediate toting the buse lost	(c) ONDITIONS <u>C</u>	POSSID R AS A CONSE	QUENCE OF	St. e Myocar NOT RELATED TO	THE TERMI		or cond		EN IN PART 10	
TIFIC,	The BAIL OF ON	EKATIOIY	178 COND	IIION POR WIT	ICH OFERATION	V WAS FERFORM	ED		NOX		ING CAUSES	
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY 21d INJURY OCC WHILE NO	CAUSE OF DEAT MEDICAL EXAMINER) URRED	P. 21e. PLACE	M. MONTH M.	19	21f. LOCATION	ry occurr		RE OF INJURY		COUNTY	STATE
	224 I certify the	who	Dry	over death.	9 <u>82</u> , on	DEGREE ATTI PHY 27e ADDRESS	ENDING	MEDICAL DIRECTOR	STAFF	AND		5/82
23a. B	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	2	3c. NAME OF CE	METERY OR CRE	MATORY	23d. LOCAT				
B	urial		Jan.18	,1982	Gardens	of Fait	h Cem	etery		imore	COUNTY	Md.

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Md,

74 FUNERAL DIRECTOR
NAME
Leonard J. Ruck, Inc. Baltimore, Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

To notified of once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

US STATE No. Security No.		- STATE REGISTRAR				CERTIFIC	CATE OF DEA	TH		REG. NO.				
Sidney A. Watson January 10, 1982 January			FIRST	MID	DLE	LAS	i		20 DATE OF D	EATH M	ONTH	DAY YEAR	2b HC	OUR P
March 18, 1914 63 78 78 78 78 78 78 78 7			Sidney	1		Wats	on		Janua	ry 1	0.	1982	4:	30 M
MRITE OF WARDEN OF CHILD OF WHAT COUNTRY WOODNED ON COUNTRY OF CHILD OF WHAT COUNTRY OF CHILD OF CH		3. SEX	4.	RACE		5. DATE OF	BIRTH		AGE (IN YEAR	S LAST BIRTH	DAY)	IF UNDER 1 YE		ER 24 HRS
The seminar of the property The Critisen of what country Married Name of City No.		Male		White	2	Marci	h. 18,19	18	63		YRS	MONTHS. DA	15 HOURS	MIN.
WILSON CTY, N. G U.S.A. WDOWED DWORKED BUILDING COUNTY N. KIND OF HOSPITAL NURSKING HOME OR OTHER INSTITUTION The CHYOTO MONO OF DEATH The CHYOTO WAS PEATED ON SERVICE OF SERVICE ON			TE OR FOREIGN 76	CITIZEN OF WH	HAT COUNTRY?	. 8 	NEVED AS A D	BIEG T			COUNT			
10 CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17. NAME OF HOSPITAL, PURSING HOME OR OTHER HOUSENESS OR WATCH Attendent State Hosp. 12. Name of Hospital Annual State Hosp. 12. Name of Hospital Name of)	Wilson C	ty, N.C.	- U.S	S.A.				Bal	timo	re	Count	y,	MD
USUAL RESIDENCE IF WEREACHER ORD ROTHER MILITIONS CONTRIBUTION CONTRIB				. NAME OF HO			OTHER INSTITUT	TION		CUPATIO	N	12b. KIN		
USDAIL RESIDENCE (PRINCE PRINCE AND CONTROLLED IN STREET ADDRESS NO. 2 23 Edmondson Avenue 136 INSTITUTION DUE TO TONS VILLE 136 INS)	Catonsvi	lle	723 Ec	monds	n Av	enue	1	Vard A	Itte	nda	ntSta	te H	osp.
Sidney Re Watson Sidney	1	USUAL RESIDENCE (#					24 INICIDE CITY I		7.00					
Sidney Sidney No Sidney Residence Sidney No Sidney No Sidney	2	Md.	Balt	imore	atonsu	ille		-0.0	723 Ec	imon	dson	n Ave	nue	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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WILLIAM C. MARCH FUNERAL HOME

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune old attends should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 21 hours attended to the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

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Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21138

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER I YEAR DAYS

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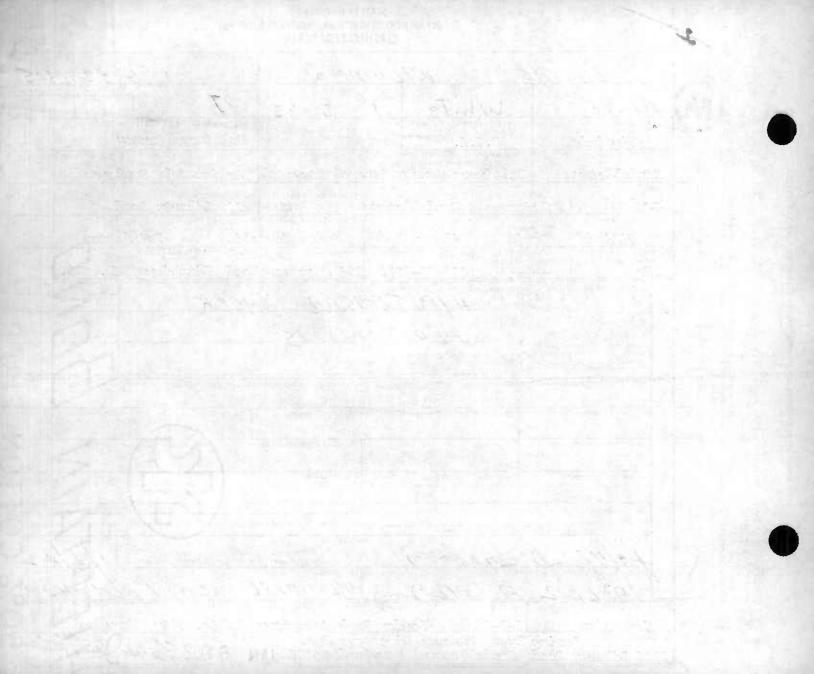
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DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

REGISTRAR

- STATE



4		FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH							
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TIMORE, MARYLAND 21201 be executed within 24 hours offer death. Po	in 72 hou	70 BIRTHPLACE (STATE OR FOI COUNTRY) Pennsylvani			ARRIED NEVER MA	RRIED 9 BALTIMORE CITY OR CO					
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UNTY OF DEATH County 12h KIND OF BUSINESS OR INDUSTR' dlestadt Machine Street 21220 Lindsey ckpit Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. (c) Pericarditis and Pericardial Effusion PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY OFFICE FARM ETC) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220. I certify that (this haspital) attended the deceased from 82 sow the deceased alive on and that in opinion death accurred on the date and hour and from the causes stated ghove, M (we) (did) (did by view the SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Jau 224 PHYSIC AN'S NAME (TYPE OF PRINT) 22e. ADDRESS Sambasiva Marupudi M.D. 9000 Franklin Square Drive 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Buria1 Md. Harford 1/7/82 Belair Mem.Gardens Belair 24 FUNERAL DIRECTOR

STATE OF MARYLAND

25 HOUR

10:29

IF UNDER 24 HRS

1982

IF UNDER 1 YEAR

TO FUNERAL DIRECT should be detached f with the State Dept. o MPORTANT DHMH - 16 50M 1/81

(VRA 15, 4)

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1901 Eastern Ave.

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REGISTRAR

24 FUNERAL DIRECTOR

Lilly & Zeiler Inc.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO.

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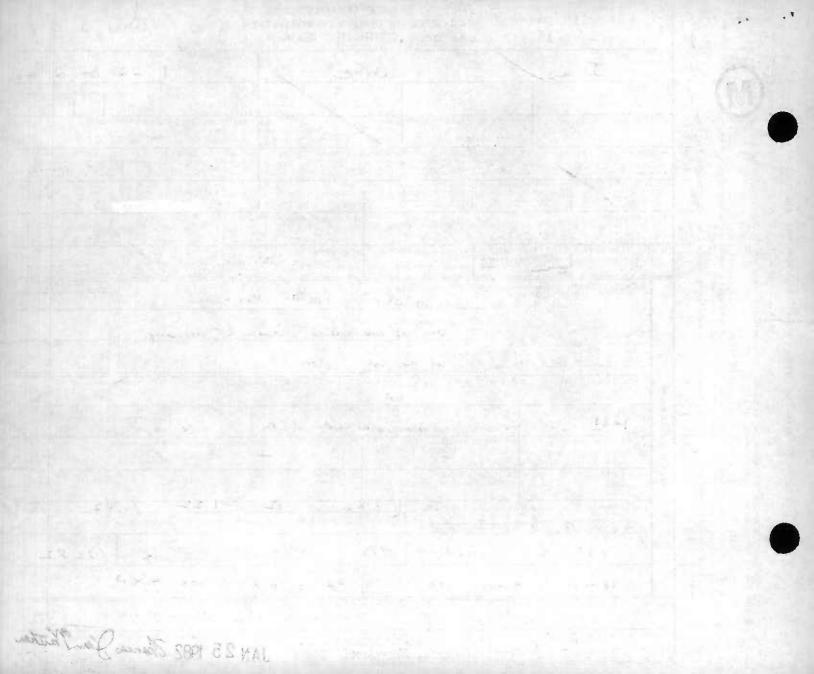
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8728 Liberty Road Randallstown, Maryland 21133

2/19/82 jlb

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR

-									REG.	NO.				
	CEASED NAME	FIRST	,	WIDDLE		LAS1		20 DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOU	R7:35
(110	CR PRINT)	Jane		Μ.	Wo	olf		Jan	nuary	29,	1982		P	M
1, 58	X		4 RACE		5. DATE C			6 AGE (II	N YEARS LAST	BIRTHDAY)		ERIYEAR	IF UNDER	24 HR5
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10 C	ITY OR TOWN OF DE	ATH		OSPITAL, NURSIN	G HOME		NSTITUTION		LOCCUPA		126	. KIND C	F BUSINE	SS OR
	Towson		(IF NOT IN SUC	St. Jose				Book	keep	er No	orman	R. I	Mitch	nell
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	VAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADD	RESS				
(NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	212-07-1	1722	Miss	M. Kat	therine	Woo!	Lf S	Same a	as #	13.	
	18 CAUSE OF DEA			line for (a), (b), and	dicul							APPROX	MATE INTER	VAL
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AL	OR CONTRIBUTING		il a		19									
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2	WHILE NOT W	HILE	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC]	STR	EET		CITY OR	TOWN	CC	YIMU	51	TATE

January

that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

1-30-82

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

DEGREE

7620 York Rd. Towson, Md. 21204

Burial

Feb.2,1982

220.1 certify that ((this hospital) attended the deceased from 3 saw the deceased glive on January 29, 1982 obove, ((www.) (did) (did) will view the body ofter death.

Henry S. Crist, M.D.

23c NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

January

Woodlawn , Balto., Md.

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

1050 York Road

25q DATE REC'D BY REGISTRAR

DHMH - 16 50M 1/81 (VRA 15, 4)

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Ruck Towson Funeral Home, Inc. Towson, Md.21204

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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90	10 C	1	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	128 USUAL OCCUPATE		OF BUSINESS OR
3	JUSU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSIONS		C/81/6	21/16	
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	láo. V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? LIAN SOCIAL	L SECURITY NO	17 INFORMANT	ADDRE	SS	
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The T					Eraine Duns	Woodbine,	Md. APPROX	MATE INTERVAL
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2	Ę					YES NO	IN CERTIFYING CAUSES	OF DEATH?
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18 sh		OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR				
or them	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	am ac 22.	(A)	
morked	₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	SINEEL	CITY OR TOW	'N COUNTY	STATE
E .		22s.1 certify that (I) (this house	al) attended the deceased	fram	19 7/	10 Jan 1	26 1982	that (I) (we) last
23 15	l	sow the deceased alive an	Jan 25	(15)	d that in (my) (prinion	death occurred on the do	ite and hour and from the	couses stated
# Hea		obove, (1) (reidid) (did	View the body after death.	/	DEGREE		22c. DATE	SIGNED
±		(Male)	s_ Micka	2 41	ATTENDING PHYSICIAN	MEDICAL STAF	IAND 1-5	26-82
TANT	1	224. PHYTICIAN'S NAME (TYPE OR	PRINT)	1)	22e ADDRESS	1	110.	
IMPORTANT:		(1) NELCON	1 Mckny	MD.	1132N. Ko	LAINA-Re	1 Bell Ma	12/22
<u> </u>	23a. I	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	(Removal	1/26/82			CITY OR TOWN	COUNTY	STATE
	24. F	JNERAL DIRECTOR			250_DA	E REÇ'D. BY REGISTRAR	256, REGISTRAR'S SIGNAT	TURE
6 20M 4) 7/78		Anatomy Pos	ADDR	Ess Palto	IVA FE	B 1 1982	Cancar Va	Watte.

